



# San Luis Obispo Christian School

*"Laying Foundations That Last a Lifetime"*

P.O. Box 385  
San Luis Obispo, CA 93406

www.slocs.com

(805) 543-1146  
Fax 548-0546

## RETURNING STUDENT REGISTRATION

Parent/Guardian:		Date:
Name of Student: (Last)	(First)	Grade :
Name of Student: (Last)	(First)	Grade Next Year:
Name of Student: (Last)	(First)	Grade Next Year:
Name of Student: (Last)	(First)	Grade in Next Year:

**\*Please note:** Returning families with an incoming kindergarten student or any student new to the school need to fill out a "New Student" Registration form for that child.

## FAMILY INFORMATION

Current Address	Phone Number
Church Attending:	
Email Address: (please print clearly)	

## FINANCIAL INFORMATION

**REGISTRATION: \$75.00 for first student, \$50.00 for each additional returning student (Due immediately to reserve placement; Non-Refundable)**

### TUITION PAYMENT:

Please check: Tuition will be paid in full by August 1.  
11 monthly payments due August 1 through June 1. Late payments after the 5<sup>th</sup> of the month are assessed a 10% late fee.  
Tuition assistance requested. Applications available in Office.

## AGREEMENT

I hereby agree to accept all the rules and regulations of the school and authorize the school to administer such disciplinary measures, as may be deemed necessary and proper by the Administration. I agree to Christian mediation chosen by SLOCS to resolve conflict or debt resolution. I agree that this is a legal contract to pay tuition and such fees as are chargeable according to the current Schedule of Tuition and fees. I have read and signed the SLOCS Parent Pledge.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

## OFFICE USE ONLY

Registration Form Complete

Registration Fee Paid

Tuition Assistance Packet Requested

Parent Pledge signed and submitted

R: 2/10