

**ASSOCIATION CHURCH MEMBERSHIP
TUITION DISCOUNT AUTHORIZATION
LUTHERAN HIGH SCHOOL**

3500 West Washington, Springfield, IL 62711
Email admissions@spiluhi.org
Webpage www.spiluhi.org

(217) 546-6363 Fax (217) 546-6489
Julie Watson, Bookkeeper
Email j.watson@spiluhi.org

STUDENT:

If you are a member of an Association Congregation, put your name on the line provided below and present it to your pastor. His signature indicates that you are an active member of your home congregation, faithful in your attendance at church and communion, and supportive of the church's program. If you have not exhibited a Christian life within your home congregation, the church is certainly justified in withholding such recognition and authorization.

Student: _____

PASTOR (or other designated official):

This student has either enrolled or re-enrolled at Lutheran High. Your congregation is supporting Lutheran High with its finance and prayers as an extension of its mission to "bring up the children in the nurture and admonition of the Lord". One of Lutheran High's goals is to encourage active home congregational participation among the students. By signing this document, you are indicating that the student either has satisfactorily exhibited his or her Christian commitment within the home parish, or has given a firm resolve to do so within the near future. Your signature indicates that the student is entitled to the tuition discount. Your signature indicates that this student should be included in the enrollment statistics from your congregation, one of the factors which affect your congregation's assessment. It is felt that requiring each student to contact you to obtain this signature will serve as an assent to our mutual ministry.

I verify that the above named student should be considered an active member of our congregation and entitled to the tuition discount.

Church Associates' Signature: _____

Date: _____

Congregation: _____

(Faxed copies are acceptable.)