



LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION (LASE)

**THE LEARNING CENTER (TLC)
At Lutheran High School St. Charles
3558 S. Jefferson Avenue
St. Louis, Missouri 63118
(314) 268-1234**

**PARENTAL RESPONSIBILITIES
2015-2016 School Year**

We, the parent(s)/guardian(s) of _____ subscribe to all of the following:

1. To pay the annual tuition fee less any grants received on behalf of my child. Regular payments should be sent to the office by the 1st of the month. A \$20.00 late charge will be assessed after the 10th of the month;
2. To permit my child to participate in extra-curricular activities sponsored by Lutheran Association for Special Education or Lutheran High School St. Charles;
3. To grant permission to use any photograph and/or video tape of my child for the purpose of public relations and/or to promote the program of Lutheran Association for Special Education;
4. To support the objectives and philosophy of Lutheran Association for Special Education;
5. To support the personnel at Lutheran Association for Special Education in their endeavors in providing a program designed for my child, i.e. to be present for IEP writing and be available for consultation as requested by staff;
6. To abide by the policies of Lutheran High School St. Charles which hosts the LASE Learning Center;
7. To participate in educational programs developed to address our family's special needs and/or those of my child;
8. To grant permission to have my name, my child's name, address, and telephone number released for printing a student roster for the Lutheran High School St. Charles and Lutheran Association for Special Education.

Signed

Mother

Father

Date

Date