Atonement Lutheran School

Atonement Lutheran School exists to cultivate competent and courageous leaders through a Christ-centered, learner-focused, and emotionally-enriching environment that engages learners and families in service, kindness, and gratitude.

Application Information

Developing faithful, capable learners who live with purpose and lead through compassion and service.

Thank you for considering Atonement Lutheran School for your child's education. We look forward to partnering with you in your child's Christian education as we welcome you into the Atonement family.

If you have not already done so, please schedule a consultation and tour with Principal Jander. To do so, contact the school office and speak with our School Office Manager, Mrs. Angie Kemper. We can help guide you through what our school has to offer and how your child will be able to grow. We look forward to meeting you and encourage you to tour our school and campus.

Upon completion of the consultation with Principal Jander and the initial application process, your acceptance will be determined based on all the records and results collected. Once the decision is made, your family will be notified.

We appreciate your interest. If you have questions, need more information, or would like to schedule a school tour and consultation, please contact us at schooloffice@alcs-web.com or 314-837-1252.

Faithful Learning at Atonement Lutheran School, where we Cultivate Curiosity and Compassion Every Step of the Way.

Key Dates for the 2026-2027 School Year Admissions/Enrollment

- ★ 1/6/2026 - Re-Enrollment Process for Current Students Begins
- ★ 2/6/2026 - New Family Enrollment Opens
- ★ 7/31/2026 - Student Checklist Forms Due - Family Financial Account Sheet, Health Forms, Permissions/Acknowledgments, etc.
- ★ 7/31/2026 - Annual Tuition Payment Due (for families paying the full tuition amount) (5% discount; No processing fee)
- ★ 7/1/2026 or 7/15/206 - First Tuition Payment Due (for families paying by semester, quarterly, or in ten-month installments)

Continue to the next page for a guide and checklist to help you in completing your application.

Application Guide and Checklist

The following is a basic guide to help you determine next steps as you begin your journey to becoming part of the Atonement Lutheran School community.

1. Read through the whole of the Application Information, Guide and Checklist, and Application and Registration Fee Information.

2. Contact the school (314-837-1252 and/or schooloffice@alcs-web.com) to schedule a consultation and tour.

3. Select a date for a Shadow Day with our School Office Manager.

4. Attend your scheduled consultation and tour.

5. Wait patiently for the acceptance* email from Principal J.

6. While you wait:
   a. Complete the Registration Form.
   b. Complete the Economic Deprivation Form.
   c. Read and sign the EAGLES' EXCELLENCE Student Handbook and Code of Conduct and the Atonement Lutheran School Technology Acceptable Use Policy.
   d. Prepare a copy of your child's Birth Certificate ready to submit with the application.
   e. Complete a physical for your child and acquire the necessary documentation to be submitted to the school office.
   f. Acquire Immunization Records for your child from your doctor, which can be faxed to the school office or submitted to the school office with all your paperwork.
   g. If your child has ever been screened for any behavioral or developmental concerns, prepare the results from the screening. This includes an evaluation report that concluded without an IEP (Individualized Education Program).

7. Have your Total Application Fees ready, so that when you receive your acceptance notification you will be able to submit your payment along with all the required forms.

8. Once you have been accepted, you will receive the Family Financial Account Sheet (FFAS). Your registration is not complete until the FFAS has been signed, dated, and returned. If your student receives scholarships or funding later, the FFAS will be updated. Your signature, new date, and return of the FFAS will be required for updates to be finalized.

*If the current class is full, the child will be placed on a waitlist.

Atonement Lutheran School admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities accorded or made available to students of the school. It does not discriminate on the basis of race, color, sex, national, and ethnic origin in administration of its educational policies, admission policies and athletic policies, or other school administered programs.

Atonement Lutheran School

2026-2027

Fully Accredited by National Lutheran School Accreditation

APPLICATION AND REGISTRATION FEE INFORMATION

Registration Fee: $200 (per student)
Technology Fee: $100 (per student)
APTO Fee: $ 50 (per student)

Total Application Fees Due Upon Registration: $350 (per student)

The Registration Fee is non-refundable and does not apply to the total tuition cost. Payment is required before the admission process is considered complete.

Registration Information:

Any tuition account that is not up to date will NOT be eligible to Register. If you have any questions, please contact the school office at (314) 837-1252.

The application process also includes submitting a registration information form and appropriate financial information. A waiting list will be established once classes reach their limit.

TUITION

Payments can be made via cash, check, cashier's check, or credit card. Autopayment may be set up for your convenience.

K—8th Grade	1st Child	2nd Child	3rd Child	Maximum Family Tuition
Atonement Member:	$7,500	$5,700	$4,300	$19,500
Community Member:	$8,500	$6,700	$5,300	$22,500

Tuition Payment Options

Annual Payment (by July 31)
- 5% discount
- No processing fee

Semester, Quarterly, and 10 months
- $43 processing fee (first month only)

Returned Payments
- $25 return fee

FINANCIAL AID

FACTS: Open enrollment is December 1, 2025-April 10, 2026. A $40 application fee per family is assessed by FACTS at https://www.lesastl.org. Scholarship applications are also available through LASE for students with an IEP.

MO Scholars: MO Scholars is run through the State of Missouri and available through a variety of places. See https://treasurer.mo.gov/MOScholars/ for more information.

For more information or to contact us:

(314) 837-1252 schooloffice@alcs-web.com https://www.alcs-web.com/school

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2026-2027 Registration Form

Complete the form to secure your child's enrollment for the 2026-2027 school year. Please print in pen or ink.
This form is an official record. Please return this form, completed and signed, along with the total fees due (only cash or check accepted).

Name of student: _____
Last Name *First Name* *Middle Initial*

Date of Birth: ____/____/____
Month *Day* *Year*

Grade Entering: (*Circle one of the following*) K ◆ 1st ◆ 2nd ◆ 3rd ◆ 4th ◆ 5th ◆ 6th ◆ 7th ◆ 8th

Address: _____
Street Address *City* *State* *Zip*

Mother/Guardian Name: _____
Last Name *First Name* *Middle Initial*

Social Security Number: ____-____-____

Phone Number: (____) ____-____ Email Address: _____

Address: _____
(If different from student) *Street Address* *City* *State* *Zip*

Father/Guardian Name: _____
Last Name *First Name* *Middle Initial*

Social Security Number: ____-____-____

Phone Number: (____) ____-____ Email Address: _____

Address: _____
(If different from student) *Street Address* *City* *State* *Zip*

Member or Non-Member of Lutheran Church of the Atonement:

- ☐ Member
- ☐ Non-Member

Emergency Contact Name: _____ Relation to Student: _____

Emergency Phone Number: (____) ____-____ Alternate Phone Number: (____) ____-____

What public school did your child attend or which one would they attend? _____

We have read, understand, and agree to this registration form and commit to sending our child to Atonement Lutheran School for the 2026-2027 school year. We also understand that in order for our child to attend, beginning on the first day of school, we will have completed the required paperwork as listed below.

_____ _____

Mother/Guardian Signature Date

_____ _____

Father/Guardian Signature Date

Required Paperwork:

- Registration Form
- Economic Deprivation Form
- EAGLES' EXCELLENCE Student Handbook and Code of Conduct and the Atonement Lutheran School Technology Acceptable Use Policy - Signed by both parents/guardians and student(s)
- Photocopy of your child's Birth Certificate (unless you have previously submitted one)
- Physical Fitness Form
- Immunization Record
- Any documentation regarding any behavioral or developmental concerns–evaluation report and/or an IEP
- Family Financial Account Sheet

OFFICE USE ONLY

Total Application Fees of $_____ have been paid.

Date paid: _____

Economic Deprivation Survey for Federal Program Participation

(Completed by Parent or Guardian of Nonpublic Student)

Instructions are on the next page. This information will be kept confidential. It will be used to determine the amount of federal program services available to the nonpublic school. Please contact your nonpublic school if you need assistance.

Section 1. Household Eligibility:

☐ Household is eligible based on receiving food stamps

☐ Household is eligible based on income (see instructions).

☐ Household is not eligible

Individual Eligibility

☐ Student is eligible as they are a foster child in the household (see instructions).

Section 2. Student Information: (This must be completed for ALL students that meet the eligibility criteria above.)

Number of children that attend this nonpublic school: _____

Current Grade level for each child: _____

Section 3: Signature: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of Federal Funds and will be kept confidential at the school.

_____ _____

Signature of Adult Household Member (Required)

Date Physical Address:

_____

INSTRUCTIONS

This form may be used to collect information that can be used to determine the amount of federal program services available to this school. It will be kept strictly confidential.

Section 1: Household and Individual Eligibility Methods: Indicate which method determines household or individual eligibility (foster children cannot extend eligibility to household members). Otherwise, indicate that the household is not eligible.

Section 2: Student Information: List the number of eligible children that attend this nonpublic school and the grade level of each eligible child. This section must be completed for ALL students that meet the eligibility criteria.

Use the following chart to determine if the household is eligible based on income. If the total amount of income of all household members (before taxes or anything else is taken out) exceeds the amount on this chart for your household size, the household is not
eligible.

MAXIMUM INCOME TO BE ELIGIBLE – JULY 1, 2025 TO JUNE 30, 2026

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	$20,345	$1,696	$392	$28,953	$2,413	$557
2	27,495	2,292	529	39,128	3,261	753
3	34,645	2,888	667	49,303	4,109	949
4	41,795	3,483	804	59,478	4,957	1,144
5	48,945	4,079	942	69,653	5,805	1,340
6	56,095	4,675	1,079	79,828	6,653	1,536
7	63,245	5,271	1,217	90,003	7,501	1,731
8	70,395	5,867	1,354	100,178	8,349	1,927
Each add'l member	+7,150	+596	+138	+10,175	+848	+196

Section 3: Signature: All applications **MUST** have the signature of an adult household member. All applications must also have the physical address of the household.

MSHSAA Preparticipation Physical Forms/Procedure

Medical History Form (Step 1): Issued to Student/Parent(s)/Guardian, Completed by Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note: If the student is under 18 years old, the Medical History questions are to be completed with assistance from parent(s)/guardian(s).

Note: The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination (PPE) shall keep this Medical History form in the patient's files for their records.

This Medical History form is NOT returned to the school.

MEDICAL HISTORY	
Name:	Date of Birth:
Sex assigned at birth (F, M or intersex):	How do you identify your gender? (F, M or other):
List past and current medical conditions:	
Have you ever had surgery? If yes, list all past surgical procedures:	
Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):	
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):	

PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems (Circle response).

	Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge:	**0**	**1**	**2**	**3**
Not being able to stop or control worrying:	**0**	**1**	**2**	**3**
Little interest or pleasure in doing things:	**0**	**1**	**2**	**3**
Feeling down, depressed or hopeless:	**0**	**1**	**2**	**3**

A sum of ≥3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.

(Medical History Continued – Next Page)

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF "YES," EXPLAIN ANSWERS HERE

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Student:
Signature of Parent(s) or Guardian:
Date:

Preparticipation Physical Examination Form (PPE) (Step 2): Issued to Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note: This PPE form is the recommended PPE form intended for guiding the healthcare professional (MD/DO/ARNP/PA/DC) with the completion of a preparticipation physical evaluation.

Note: The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination shall keep this PPE form in the patient's files for their records. **This PPE form is NOT returned to the school.**

PRE-PARTICIPATION PHYSICAL EXAMINATION

Name:		Date of Birth:
EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: ☐ Yes ☐ No

MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency)		
Eyes, ears, nose and throat • Pupils equal • Hearing		
Lymph Nodes		
Heart* • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA) or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test and box drop or step drop test		

* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.

Physician Reminders:

Consider additional questions on more-sensitive issues.

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff or dip?
- During the past 30 days, did you use chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet and use condoms?

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Proceed to next page for
Medical Eligibility Form

MSHSAA Medical Eligibility Form (Step 3):

Issued to Student/Parent(s)/Guardian, Taken to/Completed by Healthcare Professional (MD/DO/ARNP/PA/DC), Copy Retained by Healthcare Professional, Returned to School Administration.

Note: This Medical Eligibility form is the form to be used by a healthcare professional (MD/DO/ARNP/PA/DC) for granting a medical release for a student to participate in All Sports – Spirit – Marching Band after the completion of a preparticipation physical evaluation.

Note: The health care professional (MD/DO/ARNP/PA/DC) must complete this form, retain a copy in the patient's files for their records and issue this form to the student/parent.

This Medical Eligibility form MUST be returned to the school.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex assigned at birth (F,M, intersex) _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

☐ **Medically eligible for all Sports-Spirit-Marching Band without restrictions for two (2) years.**

☐ **Medically eligible for all Sports-Spirit-Marching Band without restriction for two (2) years with recommendations for further evaluation or treatment of:** _____

_____

☐ **Medically eligible for all Sports-Spirit-Marching Band without restriction for less than two (2) years. Specify reasons and duration of approval:** _____

_____

☐ **Medically eligible for certain Sports-Spirit-Marching Band:** _____

☐ **NOT medically eligible for Sports-Spirit-Marching Band**

☐ **NOT medically eligible pending further evaluation:** _____

I have examined the above-named student and completed the pre-participation physical evaluation. Unless otherwise indicated, the student does not present apparent clinical contraindications to practice and participate in the sport(s) or activities as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parents/guardians).

Name of health care professional (Print/Type) _____ Date of Examination **/ /**

Signature of Healthcare Professional (MD/DO/PA/ARNP/DC): _____

Clinic Address _____ City _____ State _____ Zip _____

Telephone _____

Student's Physician _____

Student's Dentist _____

Note: This page is required for school records