

Lewisville I.S.D.
ESD Pre-Registration Packet
2007-08 School Year

Dear Parents,

Please read the attached packet carefully. The packet contains complete information pertaining to registering your child in Extended School Day for next school year. *It is important that you read all forms and instructions carefully.*

Should you have any questions regarding registration procedures, please contact our office at 469-713-5997; dial “0” for the main office.

Thank you!

LEWISVILLE I.S.D.
EXTENDED SCHOOL DAY PROGRAM
(469) 713 – 5997 (972) 420 – 6869 Fax

Office Hours
Monday – Friday 8:00 a.m. – 5:00 p.m. (School Year)

**2007-08 REGISTRATION PACKET
AND INSTRUCTIONS**

PLEASE READ ALL INFORMATION IN THIS PACKET CAREFULLY. WE HAVE PROVIDED ALL THE REQUIRED FORMS AND INFORMATION NECESSARY FOR SUCCESSFUL REGISTRATION.

PLEASE NOTE THAT SPACE IS LIMITED AND PROGRAMS DO FILL UP.

FORMS LISTED IN BOLD TYPE MUST BE COMPLETED AND TURNED IN WITH YOUR REGISTRATION. A NON-REFUNDABLE \$25 REGISTRATION FEE AND YOUR FIRST TUITION INSTALLMENT ARE DUE UPON REGISTRATION. (If you are placed on the wait list, only the \$25 registration fee will be due. Your first tuition payment will be due if/when space becomes available)

- 1) Introduction Letter (Important Dates and Procedures)
- 2) Information Concerning Changes for 2007-08
- 3) Registration Check List
- 4) Registration Form Instructions
- 5) **Registration Form (Complete one per child)**
- 6) **Tuition Policy Acknowledgement Form**
- 7) **Tuition Payment Option Selection Form**
- 8) **Credit Card Payment Form (One Time Charge) ****
- 9) **Automatic Credit Card Payment Form (2 sided form) ****
- 10) 2007-08 Tuition Due Dates and Information (*2 pages*)
- 11) Reduced Tuition Information

** Credit Card forms are required if you return your registration materials by fax. Please read the information below to determine which credit card form you need.

If you wish to make only a one time charge, please fill out the One Time Charge Form (#8 above). Your payment will be charged upon receipt of the form.

If you wish to sign up for automatic Plan B, C, or D payments, please make sure you complete **both sides** of the Automatic Form (#9 above). A non-refundable registration fee of \$25 per child will be charged upon receipt. Future installments will be charged according to the dates listed on the form.

Lewisville I.S.D.
Extended School Day Program
07-08 Registration Information

August 27, 2007

Dear Parents:

Thank you for your interest in Extended School Day for your child's after school care.

Registration Details:

- 1) Please complete your registration packet according to the included check list and directions.
- 2) For your convenience, we will accept your completed registration packet at our office, by fax, by mail, or at our after hours drop box.

In person: 2103 Savage Lane, Lewisville. (During regular business hours.)

Fax: 972-420-6869 (credit card payments only)

Mail: 2103 Savage Lane, Lewisville, TX 75057

After Hours Drop Box: Located next to the south door of our building at 2103 Savage Lane

Additional Information:

- 1) In order to be processed, your registration packet must be complete. Incomplete registrations will be returned to you. Our office is not responsible for delays caused by incomplete packets or lost/misdirected mail.
- 2) **Registrations are accepted on a first come, first served basis. (*) Space in the program is limited.** We cannot guarantee your spot in the program, and it is possible that you may be placed on the wait list. It is also possible that the wait list may fill up, at which point no further registrations will be accepted.
- 3) **Your first tuition payment is due at the time of registration, along with a \$25 non-refundable registration fee.** (Note: if the program is full and you are placed on the wait list, only the \$25 fee is due. Your first tuition installment will be due if/when space becomes available in the program.)
- 4) A copy of this year's parent handbook may be obtained at our office. The parent handbook contains important information concerning our program's policies and procedures.

Please read the entire packet of information carefully and complete all required forms. If you have any additional questions please contact our office at (469) 713-5997.

Thank you for the opportunity of serving your family's child care needs!

LEWISVILLE I.S.D. EXTENDED SCHOOL DAY PROGRAM

NOTICE OF E.S.D. CHANGES EFFECTIVE FOR 2007-08 REGISTRATIONS

Dear Parents,

Please be advised of the following changes regarding the 2007-08 Extended School Day Program:

Program Size:

- 1) ESD will conduct a pilot program at five campuses to enlarge the enrollment cap to 70 students (rather than the current cap of 55). The campuses involved in the pilot program are Bluebonnet, Castle Hills, Degan, Hebron Valley, and Wellington. Sufficient staff will be added to maintain our high quality program. Future program expansion at additional campuses may be available as determined by the outcomes of this pilot program.
- 2) The enrollment cap at every ESD program may be raised up to three (3) spots to facilitate the hiring of critical needs teachers as requested by Human Resource Services.

Registration Procedures, Payments, and Enrollment Eligibility:

- 1) Your first tuition installment, along with the registration fee, will be due upon registration. Please refer to the information in this packet for complete details on the payment plans available. If you sign up for automatic payments (Plans B, C, and D only), your first tuition installment will be charged on June 18, 2007. Please refer to the two-sided charge form in this packet for complete information on automatic payments.
- 2) A lottery system will be implemented for Open Registration. A random number will be drawn to determine place in line. Overnight camping will not be allowed. Please refer to the complete information regarding Open Registration contained in this packet.
- 3) Notice for persons paying by check (effective immediately):
*Lewisville ISD now processes payments using the Automated Clearing House. Each payment received by check authorizes Lewisville ISD to electronically present the payment to the financial institution on which the check is drawn. Please be aware that your bank account may be debited as soon as the same day we receive your payment. Lewisville ISD will store each original check for 3 days and a copy of the check will be maintained for seven years. Lewisville ISD agrees to accept your checking account statement as proof of payment. The description on your checking account statement will read:
"Lewisville ISD Checkpayment, Serial Number of the Check, Amount of the Payment and Date of the Transaction"
If you do not wish to participate in Lewisville ISD's check conversion program, payment may be made by cash, money order, MasterCard or Visa.*
- 4) On-line payment capability will be made available for Extended School Day payments. *Complete information on these procedures will be available in the 2007-08 ESD Parent Handbook, distributed at the beginning of the 07-08 school year. Beginning in the 2008-09 school year, automatic tuition payments will be available on-line only.*
- 5) Enrollment of a child in this program will be subject to the eligibility requirements in the 2007-08 ESD Parent Handbook. Any fees prepaid will be refunded if a child is determined not to be eligible for enrollment.

2007-08 E.S.D. REGISTRATION CHECK-LIST

Parents,

Please make sure all required forms are completed and that your payment is enclosed.

_____ COMPLETED REGISTRATION FORM FOR EACH CHILD

_____ REGISTRATION FEE PAYMENT OF \$25 PER CHILD
AND FIRST TUITION INSTALLMENT

- * Registration fees are non-refundable.
- * Payment of first tuition installment is also required.
- * Make checks payable to LISD and include your child's name and school on the memo portion of your check.
- * Credit/debit cards are also accepted (see below).

_____ TUITION PLAN SELECTION SHEET

(**Note:** if you are on free/reduced lunch, or if you are an employee of LISD, please contact our office for the correct tuition paperwork.)

_____ TUITION POLICY ACKNOWLEDGEMENT SHEET

_____ CREDIT CARD AUTHORIZATION FORM

Only needed for payments made by credit card; either one time charge (beige paper – **charged upon receipt**) or automatic monthly payments (white paper – **registration fee and tuition charged upon receipt; future installments charged according to schedule provided**).

Note: You are not on automatic payments unless you complete an authorization form – please complete both sides.

*** INCOMPLETE REGISTRATIONS WILL BE RETURNED TO YOU WITHOUT BEING PROCESSED. OUR OFFICE IS NOT RESPONSIBLE FOR ANY DELAY IN PROCESSING DUE TO INCOMPLETE REGISTRATION MATERIALS OR PAST DUE ACCOUNTS.***

2007-08 E.S.D. REGISTRATION FORM DIRECTIONS

CHILD'S NAME: Please use the name your child is officially registered under at his or her school. If your child has a nickname, please put this information in "quotation marks."

GRADE: Please indicate what grade your child will be in during the 2007-08 school year.

SCHOOL: List the school your child plans to attend in the 2007-08 school year. If your child changes schools, please contact our office immediately so that we may transfer his or her ESD registration.

PARENT CONTACT INFORMATION: Please include all phone numbers you have available – home, work, and cell phone.

EMERGENCY CONTACTS: Please provide a minimum of two (2) local emergency contacts. We will contact them only in the event that we are unable to reach the child's parents.

DESIGNATED PICK-UPS: Please list all people who are allowed to pick up your child. You may attach an additional sheet if necessary. Only those persons listed will be allowed to pick up your child from ESD, and they must present proper photo identification before we will release the child.

** Please note: if your family has special custody issues that limit contact with your child, we must have a copy of your court decree. We cannot prevent a natural parent from having contact with and/or picking up their own child without proper documentation from a court.

HEALTH INFORMATION: Please share any special health considerations your child may have. This information is confidential and will be used only to help meet your child's needs. You will also be required to complete a detailed Temporary Medical Guardianship Form at the beginning of the school year so that our staff may seek medical attention for your child if necessary. These forms will be distributed on the first day of school.

SIGNATURE: The registration form must be signed by a parent or legal guardian. *Whoever signs the registration form will be designated as the payer on your tuition account and will be responsible for payment of tuition and fees.*

** You will have an opportunity at the beginning of the school year to update any information on your child's registration form.

For ESD Staff Use Only:
Teacher _____
Room _____

LEWISVILLE I.S.D.
EXTENDED SCHOOL DAY PROGRAM
REGISTRATION FORM

For Office Use Only:
Rect # _____
Check# _____
Amount _____
Date _____

Campus: _____
Start Date: _____

Student's Name _____ Birth Date ____/____/____ Grade _____

Name of Person with Whom Child Lives _____ Phone _____

Address _____ City _____ ZIP _____

Mother's Name _____ Drivers License # _____

Employer _____ Work Phone _____ Cell _____

Father's Name _____ Drivers License # _____

Employer _____ Work Phone _____ Cell _____

Emergency Contacts: We ask your cooperation in providing names of at least two additional persons who may be contacted during program hours in the event we cannot reach the parent or guardian. These should be local residents.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Departure Procedures: Please indicate persons (other than parents) who have your permission to pick up your child. Changes in this list must be received in writing. Only persons authorized by the parent or legal guardian may pick up children from ESD. **Anyone picking up your child must be prepared to show a photo ID.**

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

_____ Check here if you would like your child to walk/ride their bike home. Please indicate time: _____
(Note: children will not be allowed to walk/ride their bike home in case of inclement weather or when dusk/dark.)

Does your child require any special accommodations? Yes/No

If yes, please detail what accommodations are needed: _____

Does your child have any health concerns our staff needs to be aware of? Yes/No

If yes, please describe: _____

Note: A detailed Medical Guardianship Form will be required for every child in ESD. Please obtain a form from campus staff.

By completing and signing this form, I agree and understand that:

- I release the Lewisville Independent School District from liability in case of an accident.
- I give permission to ESD staff to provide emergency medical care for my child if needed. I understand that I am financially responsible for any expenses for medical care or transport incurred on my child's behalf.
- I will keep my financial obligations to the program regarding tuition and fees.
- My child and I will adhere to all guidelines for the Extended School Day program as described in the Parent Handbook.

Parent Signature _____ Date _____

Please list any additional information about your child, including persons who are NOT allowed to pick up your child. (Note: if the person is a natural parent of the child, official court/custody papers must be on file in our office.)

TUITION POLICY ACKNOWLEDGEMENT

- 1) I agree to keep my tuition account, including any service fees incurred, current at all times in the 2007-08 school year. I understand that if my account becomes delinquent my child(ren)'s ESD registration will be canceled.
- 2) **I have been provided with the due dates for the payment plan I have chosen and I understand that payments not made on time will be subject to a late fee.** I understand that the ESD office does not provide reminder notices for payments due.
- 3) I acknowledge that LISD is not responsible for lost or misdirected mail, or for declined credit cards.
- 4) Any questions or problems with my tuition account may be addressed by calling (469) 713-5997.
- 5) I understand that I must cancel my child's ESD registration in writing, using the form provided in the registration packet. These forms are also available at the Adult & Community Education Office and at the campus ESD programs. *I will be responsible for any tuition incurred through the date I notify the Adult & Community Education Office in writing that my child has dropped, regardless of whether my child has been attending ESD.*
- 6) If, for any reason, I cancel my child's registration, I understand that it may take up to 30-45 days (from the date I notify the Adult and Community Education Office) to receive any refund that may be due. Refunds for Plans B, C, and D will be calculated according to the weekly rate of \$60 for the time my child attended ESD.
- 7) I understand that if my family qualifies for reduced tuition rates (free/reduced lunch programs or LISD employees), I must complete additional paperwork and follow related policies and procedures. Until this paperwork is received by the ESD office, I will be charged the regular tuition rates. Further, I understand that if my status changes during the 07-08 school year I must notify the Adult & Community Education Office immediately.
- 8) Receipts are provided upon payment. Should I require duplicate receipts for tax purposes or additional forms for child care reimbursement programs, I understand that my request may require up to ten (10) business days to process. Receipts and forms will be returned to me at my child's ESD program, or by mail if I provide a stamped addressed envelope. I understand that these items will be not be returned by fax.

Signed:

Date:

Child(ren)'s Name: _____

School: _____

**EXTENDED SCHOOL DAY
TUITION PAYMENT OPTIONS
2007-2008**

****PAYMENT PLANS CANNOT CHANGE AFTER RECEIPT OF FIRST PAYMENT****

CHILD'S NAME _____ **SCHOOL NAME** _____

PLAN A: 38 equal installments of \$60.00 **TOTAL TUITION \$2280.00** (one child)
\$60.00/week first child
\$55.00/week each additional child in same family

Payment is due on Monday of each week according to the payment schedule provided.
First installment to be paid at registration. Automatic payments are not available on this payment plan.

I accept this option. _____
Parent/Guardian Signature Date

PLAN B: 10 equal installments of \$165.00 **TOTAL TUITION: \$1650.00** (per child)
** save \$630.00 compared to Plan A**

Payment is due on the first of each month according to the payment schedule provided .
First installment to be paid at registration. Automatic payments are available on this payment plan, with the first installment charged on 6-18-07. *You must complete the automatic charge form if you desire this option.*

Note: Refunds for cancellations will be calculated based on the weekly charge of \$60 per week for the period the child was enrolled in the ESD program.

I accept this option _____
Parent/Guardian Signature Date

PLAN C: 2 equal installments of \$800.00 **TOTAL TUITION \$1600.00** (per child)
save \$680.00 compared to Plan A
save \$ 50.00 compared to Plan B

This plan is not available after September 1, 2007.

Second payment due January 08, 2008.

First installment to be paid at registration. Automatic payments are available on this payment plan, with the first installment charged on 6-18-07. *You must complete the automatic charge form if you desire this option.*

Note: Refunds for cancellations will be calculated based on the weekly charge of \$60 per week for the period the child was enrolled in the ESD program.

I accept this option. _____
Parent/Guardian Signature Date

PLAN D: 1 annual payment of \$1300.00 **TOTAL TUITION \$1300.00** (per child)
** save \$980.00 compared to Plan A**
** save \$350.00 compared to Plan B**
** save \$300.00 compared to Plan C**

This plan is not available after September 1, 2007.

To be paid at registration. Automatic payments are available on this payment plan, with the payment charged on 6-18-07. *You must complete the automatic charge form if you desire this option.*

Note: Refunds for cancellations will be calculated based on the weekly charge of \$60 per week for the period the child was enrolled in the ESD program.

I accept this option. _____
Parent/Guardian Signature Date

Tuition will be considered late and you will be assessed a late fee of \$10 if your payment is received five working days after the specified due date.

****Please note:** In addition to the fees noted above a \$10 late fee will be assessed for each collection notice sent.

LISD ADULT & COMMUNITY EDUCATION
Extended School Day (ESD) Program
ONE TIME Debit or Credit Card Payment
469-713-5997 Fax 972-420-6869
Charged upon receipt of form.

Name(s) of Child/Children

School Name

PLEASE CHECK THE CHARGES THAT APPLY:

_____ **\$25 non-refundable registration fee (required for all registrations).**

_____ The total amount to be charged is \$ _____ ** for tuition / service fees. (Please circle all that apply.)
If applicable, this amount will be charged in addition to the registration fee detailed above.
Service fees will be added as detailed below.

**** A service fee of 3% of the transaction total for each transaction will be charged. Fees will be rounded up to the nearest whole dollar.**

*** I understand that my signature below authorizes Lewisville ISD Adult and Community Education staff, upon receipt of this completed form, to charge my credit/debit card the amount indicated above for registration and/or tuition in the Extended School Day program.**

*** I further acknowledge that Lewisville ISD Adult and Community Education will not be held responsible for any bank fees that may be incurred related to this transaction.**

*** I further understand that additional service fees, as outlined above, will be charged for each transaction to my credit card.**

*** If my credit card is declined for any reason, I agree to provide an alternate credit card or pay cash, check, or money order immediately upon notification by the Adult and Community Education Office.**

*** If my credit card is declined for any reason, I understand that I will be subject to a \$10 service fee.**

*** If my credit card is declined more than two times in a school year, I understand that any future payments must be made by check, cash, or money order on or before the required due date.**

*** I understand that, should I withdraw my child from the program, a refund of any pre-paid unused tuition will be issued by check which may take 30-45 days. I may request a refund back to my credit / debit card with the understanding that I will be charged a 2% service fee, rounded up to the nearest whole dollar.**

Authorized Signature

Date

Credit Card Information:

(Circle one) **VISA** **MASTERCARD**

Card Number _____ Exp Date _____

Name (as it appears on the card) _____

Address _____

City _____ Zip Code _____

Telephone (home) _____ (work) _____

LISD ADULT & COMMUNITY EDUCATION
2007-08 Extended School Day (ESD) Program
AUTOMATIC Debit or Credit Card Payment
469-713-5997 Fax 972-420-6869

Name(s) of Child/Children

School Name

PLEASE CHOOSE FROM THE FOLLOWING OPTIONS:

_____ **\$25 non-refundable registration fee (required for all registrations). Charged upon receipt of form.**

_____ I authorize the Lewisville ISD Adult & Community Education Department to automatically charge my credit card for the monthly (or semi-annual or yearly) tuition for my child/children enrolled in the LISD Extended School Day Program. The monthly tuition of \$165.00 per child will automatically be charged to my credit card on the 15th day of each month. (Example: September payment will be charged to your account on August 15th.) If the 15th falls on a non-business day, I understand my account will be charged on the next business day *with the exception of the March 13, 2008 payment*. Semi-annual (Plan C) and yearly (Plan D) payments will be charged according to the dates below. *If applicable, this amount will be charged in addition to the registration fee detailed above.*

TOTAL AMOUNT TO BE CHARGED:

\$ _____ **

(For Plan B, \$165 plus a \$5 fee will be charged on the 15th of each month, beginning June 18, 2007.)

(For Plan C, \$800 plus a \$7 fee will be charged on June 18, 2007 and on January 08, 2008.)

(For Plan D, \$1300 plus a \$10 fee will be charged on June 18, 2007.)

**** A service fee of 3% of the transaction total for each transaction will be charged. Fees will be rounded up to the nearest whole dollar.**

*** I understand that my signature below authorizes Lewisville ISD Adult and Community Education staff, upon receipt of this completed form, to charge my credit/debit card the amount indicated above for registration and/or tuition in the Extended School Day program.**

*** I further acknowledge that Lewisville ISD Adult and Community Education will not be held responsible for any bank fees that may be incurred related to this transaction.**

*** I understand that funds must be available on and after the indicated payment due date, and that transactions may take up to 5 business days from the payment date to appear on my credit / debit account.**

*** If I choose to withdraw from the automatic payment plan, I understand that I must notify, in writing, the Lewisville ISD Adult & Community Education Office.**

*** I further understand that additional service fees, as outlined above, will be charged for each transaction to my credit card.**

*** If my credit card is declined for any reason, I agree to provide an alternate credit card or pay cash, check, or money order immediately upon notification by the Adult and Community Education Office.**

*** If my credit card is declined for any reason, I understand that my account will be subject to a \$10 service fee.**

*** If my credit card is declined more than two times in a school year, I understand that I will be removed from the automatic payment plan and that any future payments must be made by check, cash, or money order on or before the required due date.**

*** I understand that my credit card will be charged according to the payment schedule of the reverse side of this form.**

*** Alternate dates for automatic charges are not available.**

*** I understand that any late pick up fees incurred or any other type of applicable service charge will be charged along with my tuition payment at the next regularly scheduled payment installment, or upon occurrence if my tuition is paid in full.**

*** I understand that, should I withdraw my child from the program, a refund of any pre-paid unused tuition will be issued by check which may take 30-45 days. I may request a refund back to my credit / debit card with the understanding that I will be charged a 2% service fee, rounded up to the nearest whole dollar.**

Authorized Signature

Date

PLEASE COMPLETE ALL INFORMATION ON THE REVERSE SIDE OF THIS FORM.

2007-08 E.S.D. AUTOMATIC CREDIT CARD CHARGE FORM

Child(ren)'s Name(s) _____

School _____

Monthly/Semi-Annual/Yearly Amount to Charge _____

Credit Card Information:

(Circle one) **VISA** **MASTERCARD**

Card Number _____ Exp Date _____

Name (as it appears on the card) _____

Address _____

City _____ Zip Code _____

Telephone (home) _____ (work) _____

AUTOMATIC CHARGE PAYMENT RECORD – For Office Use Only

Installment #	DATE PAYMENT TO BE CHARGED	DATE PAID	RECEIPT NO.	AMOUNT PAID	4D NUMBER	CLERK INITIALS
<i>1</i>	June 18, 2007 *					
<i>2</i>	August 15, 2007 *					
<i>3</i>	September 17, 2007 *					
<i>4</i>	October 15, 2007 *					
<i>5</i>	November 15, 2007 *					
<i>6</i>	December 17, 2007 *					
<i>7</i>	January 15, 2008 *					
<i>8</i>	February 15, 2008 *					
<i>9</i>	March 13 , 2008 *					
<i>10</i>	April 15, 2008 *					

* Or upon registration. First installment is due at the time of registration after June 15.

2007-08 ESD TUITION DUE DATES

PLAN A INSTALLMENT PAYMENT DUE DATES

(38 WEEKLY INSTALLMENTS):

(Due each Monday unless otherwise noted.)

<i>Installment #</i>	<i>Payment Due:</i>	<i>Installment #</i>	<i>Payment Due:</i>
1	Upon Registration	21	01/21/2008
2	08/27/2007	22	01/28/2008
3	09/04/2007 Tue	23	02/04/2008
4	09/10/2007	24	02/11/2008
5	09/17/2007	25	02/18/2008
6	09/24/2007	26	02/25/2008
7	10/01/2007	27	03/03/2008
8	10/09/2007 Tue	28	03/10/2008
9	10/15/2007	29	03/25/2008 Tue
10	10/22/2007	30	03/31/2008
11	10/29/2007	31	04/07/2008
12	11/05/2007	32	04/14/2008
13	11/12/2007	33	04/21/2008
14	11/26/2007	34	04/28/2008
15	12/03/2007	35	05/05/2008
16	12/10/2007	36	05/12/2008
17	12/17/2007	37	05/19/2008
18	01/03/2008 Thur	38	05/27/2008 Tue
19	01/07/2008		
20	01/14/2008		

PLAN B DUE DATES:

PLAN B AUTO DUE DATES:

<i>Installment #</i>	<i>Payment Due:</i>	<i>Installment #</i>	<i>Payment Due:</i>
1	Upon Registration	1	June 18, 2007
2	August 1, 2007	2	August 15, 2007
3	September 4, 2007	3	September 17, 2007
4	October 1, 2007	4	October 15, 2007
5	November 1, 2007	5	November 15, 2007
6	December 3, 2007	6	December 17, 2007
7	January 3, 2008	7	January 15, 2008
8	February 1, 2008	8	February 15, 2008
9	March 3, 2008	9	March 13, 2008
10	April 1, 2008	10	April 15, 2008

PLAN C DUE DATES: Upon Registration and JANUARY 08, 2008

PLAN D DUE DATE: Upon Registration

PLEASE REFER TO IMPORTANT INFORMATION ON THE BACK OF THIS PAGE.

Important Tuition Notice

Please be advised that weekly and monthly payment plans are not calculated based on the number of schools days within a week or month. These plans are based on the total number of days in the school year; payments are broken down into convenient weekly or monthly installments. Therefore, the rates for partial weeks or months remain the same.

Please pay close attention to the installment due dates. The due dates are based on the installment number and not the time period covered.

If you have questions about this please contact our office at 469-713-5997.

Complete tuition due dates are listed on the reverse side of this page.

L.I.S.D.

Extended School Day

Reduced Tuition Information

Please contact our office immediately for additional required paperwork if your family qualifies for reduced tuition as outlined below. Your registration will not be complete until the additional paperwork is submitted.

If you have any questions about registering for ESD, please contact the Community Education Office at 469-713-5997. We are open Monday through Friday, 8:00 a.m. – 5:00 p.m. (Summer hours Monday through Thursday 7:30 a.m. – 5:30 p.m.)

Scholarships (Free and Reduced Lunch Program)

If you qualify for the Free or Reduced Lunch Program, you are eligible for reduced tuition rates for Extended School Day. Please contact our office for specific information.

You must provide LISD Community Education a copy of your verification letter from Food Services stating in which lunch program you participate. Until we receive this verification we are required to charge the regular weekly tuition rate of \$60 per child.

LISD Employee Rate

If you are a regular LISD employee (not seasonal, temporary, or substitute status) you are eligible for a reduced tuition rate. Please contact our office for specific information. If, at any time, your employment status with LISD changes, please notify our office immediately.

Thank you!