**LOCAL STUDENT AFFILIATE ENROLLMENT FORM**

**Teacher’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher’s Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 1:  LIST STUDENTS TO BE ENROLLED FOR THE UPCOMING SCHOOL YEAR.**  Divide into sections first BY GRADE LEVEL then ALPHABETICALLY by LAST NAME. (all 1st graders grouped alphabetically, then all 2nd graders alphabetically, etc.)

| **Grade** | **Last Name** | **First Name** |
| --- | --- | --- |

**PART 2:  List TRANSFER STUDENTS.**

| **Grade** | **Last Name** | **First Name** | **Previous Teacher** | **Previous Association** |
| --- | --- | --- | --- | --- |

**PART 3:  LIST STUDENTS TO BE REMOVED FROM YOUR PROFILE.**

| **Grade** | **Last Name** | **First Name** |
| --- | --- | --- |

**Total # of Students (Grade 1-12)**: \_\_\_\_\_\_\_\_\_\_\_ X $ \_\_\_\_\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total # of Students (Kindergarten Student)**: \_\_\_\_\_\_\_\_\_\_\_\_\_ X $ 7 = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Teacher’s Fee:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Enrollment Fees**: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Student Fees:  By Sept. 14:  $11      Sept. 15-Jan. 9:  $12     Jan. 10-March 9:  $19
* Teacher Fees: By Sept. 14:  $8       After Sept. 14:  $10
* Kindergarten fee $7.00

Please make ONE check payable to LMTA for the total amount of enrollment. Students’ enrollment and check must reach the chairman.

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