School Statistical Form
2026-2027
Due by November 1st

School name:

Address:

City/State:

School Statistics Reporting

Grades Offered

Please select all grade levels currently offered.

- ☐ Childcare
- ☐ Preschool Half Day
- ☐ Preschool Full Day
- ☐ Kindergarten Half Day
- ☐ Kindergarten Full Day
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade

Enrollment by Grade

Childcare		5th Grade	
Preschool Half Day		6th Grade	
Preschool Full Day		7th Grade	
Kindergarten Half Day		8th Grade	
Kindergarten Full Day		9th Grade	
1st Grade		10th Grade	
2nd Grade		11th Grade	
3rd Grade		12th Grade	
4th Grade		TOTAL:	

Number of maximum enrollment your school could have with no empty seats:

Number of children who applied but could not be admitted this fall due to space limitations:

Early Childhood Enrollment by Age

Age 0		Age 3	
Age 1		Age 4	
Age 2		Age 5	
		TOTAL:	

Enrollment by Ethnic Origin

When completing this section:

- Leave blank any questions that do not apply; enter "0" only if it does apply and the answer is zero.
- While these number may change over the course of the school year, enter the number of students you have **currently enrolled** in each grade level and category listed below.
- Include students in only **one** category as students are to be counted **once**.

	Early Childhood	Elementary School	High School
American Indian or Alaska Native*			
Asian			
Black or African American			
Hispanic or Latino (regardless of race)			
White			
Two or More Races*			
Native Hawaiian or Other Pacific Islander*			
Other*			

**Not of Hispanic or Latino Origin*

Enrollment by Church Membership of Students

When completing this section:

- Leave blank any questions that do not apply; enter "0" only if it does apply and the answer is zero.
- While these number may change over the course of the school year, enter the number of students you have **currently enrolled** in each grade level and category listed below.
- Include students in only **one** category as students are to be counted **once**.

	Early Childhood	Elementary School	High School
Operating/Member LCMS Congregation(s)**			
Other LCMS Congregation(s)***			
Other Lutheran Congregation(s)****			
Non-Lutheran Congregation(s)*****			
No Church Membership******			

**Total count of all students enrolled who are members of a LCMS congregation that owns or operates the school.

***Total count of all students enrolled who are members of a LCMS congregation that does not own or operate the school.

****Total count of all students enrolled who are members of a Lutheran congregation that is not an LCMS congregation.

*****Total count of all students enrolled who are members of a congregation that is not Lutheran.

******Total count of all students enrolled who are not members of any church.

School Financial, Program, and Participation Information

School Tuition Information

When completing this section:

- The numbers entered below should reflect a **yearly (annual) tuition** dollar amount. If tuition is charged monthly or weekly, calculate what the total cost would be for the school year and enter that amount.
- **DO NOT** use characters such as dollar signs ($), commas (,), or decimals (.00). Please, only use **whole numbers**.
- If different or multiple tuitions are charged at each grade level indicated below, please state the **highest tuition charged** at each level.

	Member Tuition	**Non-Member Tuition**
Early Childhood		
Kindergarten Half Day		
Kindergarten Full Day		
Grades 1-3		
Grades 4-6		
Grades 7-8		
High School		

Estimate the percentage of your total financial support by source:

Do not include decimals. Only enter **whole numbers**.
(Correct 75 | Incorrect 74.5) Should add up to 100%

Congregation/Association Support ☐ **%**
Tuition/Fees ☐ **%**
Other Sources ☐ **%**

Before and After School Programs

When completing this section:

- While these answers may change over the course of the school year, indicate your **current programs** at your Lutheran school or preschool.
- If you do not have one of the programs listed below, select "No" for each negative answer.
- **Definition:** A "Year-Round Program" is a program for the education of students which extends through all twelve months of the year (PS, Elem., or HS).

	Yes	**No**
Before School Program?		
After School Program?		
Year-Round Program?		

Congregation Participation

When completing this section:

- Leave blank any questions that do not apply; enter "0" only if it does apply and the answer is zero.
- **DO NOT** use characters such commas (,), "n/a", or decimals (.00). Please, only use **whole numbers**.

Number of **children** who attended your school who were **baptized during the past school year**:

Number of **adults** whose child(ren) attended your school **who transferred from another LCMS congregation** to your sponsoring congregation(s) during the past school year:

Number of **adults** whose child(ren) attended your school **who joined** the LCMS **through baptism and/or confirmation during the past year**:

Total number of **children** of school age (infant - grade 12) presently in your operating/member congregation(s):

General School Information

Is your school a traditional or classical school:

Classical School	☐	
Traditional School	☐	
Not applicable Other	☐	If Other, please explain:
Other	☐	☐

Is your school accredited?

(Mark all that apply)

State Accreditation	☐	
Cognia	☐	
Middle States	☐	
WASC	☐	
CSI	☐	
CESA	☐	
NLSA	☐	If Other, please explain:
Other:	☐	☐
No accreditation	☐	

Is your school affiliated with any of the following associations?

(Mark all that apply)

ACSI	☐	
ALSS	☐	
CESA	☐	
CSI	☐	If Other, please explain:
Other:	☐	☐
No affiliations	☐	

Capacity and Programs

Enter the following information for each age/grade level:

(Whole numbers only. Leave blank if not applicable.)

	Capacity ***(maximum number of students with no empty seats)***	**Number of Classrooms**	**Classroom Teachers**
Infants			
1yr			
2yr			
3yr			
4yr			
5yr (pre-K)			
Half day K			
Full-day K			
1st Grade			
2nd Grade			
3rd Grade			
4th Grade			
5th Grade			
6th Grade			
7th Grade			
8th Grade			
9th Grade			

10th Grade			
11th Grade			
12th Grade			

Does your school offer any of the following programs?

(Mark all that apply)

- Summer programs ☐
- Summer school (original credit) ☐
- Summer school (credit recovery) ☐
- Activities for homeschool students ☐
- Part-time student options ☐
- International students ☐
- Residential / boarding students ☐
- Homestay ☐
- Other: ☐ If Other, please explain: ☐
- None of these ☐

Approximately what percentage of your classes/courses are offered online?

- None ☐
- 1-25% ☐
- 26-50% ☐
- 51-75% ☐
- 76-100% ☐

What tuition discounts are provided:

(Numbers only do not include commas, dashes, or percent symbols.)

	Average discount (percentage)	**Number of students (number)**
Need-based tuition assistance		
Multiple child discounts		
Child of pastor / missionary		

Child of full-time faculty		
Child of congregation member		
Other discount(s)		

Staff Information

How many of your faculty/staff are:

(Whole numbers only.

	Teachers	**Administration**	**Other staff**
Full-time			
Part-time			
Barter for tuition			
Male			
Female			
African American / Black+			
American Indian / Native Alaskan+			
Asian+			
Caucasian / White+			
Hispanic / Latino			
Native Hawaiian / Pacific Islander+			
Other race / ethnicity+			

+Total count of all staff based on this category who are not hispanic or latino origin.

How many of your school's Board Members are: **(Whole numbers only)**

Male: ☐

Female: ☐

Enter the number of teachers by the highest degree they have earned. **(Whole numbers only)**

High school diploma: ☐

Trade school: ☐

Associate's degree: ☐

Bachelor's degree: ☐

Master's degree: ☐

Doctoral degree: ☐

How many teachers have the following certifications? **(Whole numbers only)**

State License (in the state you are serving): ☐

LCMS Rostered: ☐

Roster Eligible: ☐

Does your school have a salary scale for teachers?

Yes: ☐

No: ☐

Which of the following factors are included in setting salaries?

Roster status: ☐

Teaching certification: ☐

Tenure at school: ☐

Total years experience: ☐

Degree level: ☐

Teaching load ☐

Performance: reviews: ☐

Subject(s) taught: ☐

Grade level: ☐

Other: ☐ If Other, please explain: ☐

None of the above: ☐

Please provide salary information for the following: **(Whole dollar amount. Leave blank if not applicable)**

Administrator Salary (Head Master, Executive Director, etc.):	
Principal Salary:	
Vice/Associate Principal Salary (highest if multiple):	
Highest Teacher Salary:	
Median Teacher Salary:	
Lowest Teacher Salary:	
Guidance Counselor Salary:	
Athletic Director Salary:	

Finances **(Whole dollar amount. Leave blank if not applicable.)**

What is your school's overall operating budget?

Previous School Year:	
Current School Year:	

In the previous school year, how much annual revenue came from tuition?

In the previous school year, how much revenue did you receive from the following sources?

Congregation(s):	
Other organizations:	
Parent donations:	
Grandparent donations:	
Faculty / staff donations:	
Board / Trustee donations:	
Alumni donations:	
Parents of alumni donations:	
Student donations:	
Other individual donations:	
Fundraising:	
Endowment(s):	

If you participated in any of the following government programs, indicate how much revenue you received throughout the previous school year.

Title Services / Equitable Services:

School Choice Program:

Textbook / Equipment Programs (state or local):

E-Rate:

Transportation Programs (state or local):

Free and Reduced School Lunch Program:

Looking at your annual operating budget for the previous school year, how much did you spend on the following:

Salary & benefits:

Instructional materials:

Technology:

Athletic programs:

Professional development:

Other extracurriculars:

Special education:

Do you run an annual fund? If so, what was your annual fund for the previous school year?

Yes (provide dollar amount):

No:

Are you currently running a Capital Campaign?

Yes:

No:

About your Capital Campaign

What is the goal dollar amount to be raised?:

In what year did the Campaign begin?:

How much of your goal have you met (dollar amount)?:

Do you have a Booster Club?

Yes, for athletics:
Yes, for academics:
Yes, for the school in general:
No, we do not have a Booster Club:

Did you run any of the following fundraisers throughout the year?

Golf tournament:
Car wash:
Bake sale:
Bingo:
Other: If Other, please explain:
No fundraisers:

What was raised in total by these fundraising activities throughout the previous school year?

Admissions **(Whole numbers only)**

In terms of welcoming new students, how many of the following did you receive for the current school year:

New student inquiries:
Completed applications:
Students accepted:
Newly enrolled students:

What is your current rate of student retention?

What is the school's overall maximum capacity for enrollment?

What is your school's admissions policy regarding faith and morality standards for students and families?

- ◯ Both parents/guardians must indicate agreement with the school's statement of faith (and morality standards, if applicable)
- ◯ At least one parent/guardian must indicate agreement with the school's statement of faith (and morality standards, if applicable)
- ◯ Families seeking admission must acknowledge the school's statement of faith, but do not have to indicate agreement
- ◯ No admissions standards regarding faith or morality

Is your school approved to receive I-20 and/or I-17 international students?

	Yes	**No**
I-20		
I-17		

How many of your students this year are:

(Whole numbers only. Leave blank if not applicable.)

	Child Care Only	**Early Childhood (Preschool-K)**	**Elementary (Grades 1-8)**	**High School (Grades 9-12)**
Children of faculty / staff				
Special education needs				
Gifted / Talented / Honors				
Physical disabilities				
Trade / Vocational				
Eligible for Free or Reduced Lunch				
Use the Parental Choice Program (voucher / tax credit)				

Which apply to your current special education needs:

(Mark all that apply)

- Have student(s) with known special education needs beyond what's currently covered: ☐
- Charge additional fees for special educational services: ☐
- None of the above: ☐

Which special education programs or services are provided?

(Mark all that apply)

- Accommodations (HOW learning) ☐
- Modifications (WHAT learning) ☐
- Inclusion Classroom(s) ☐
- Resource Classroom(s) ☐
- Paraprofessional support ☐
- Assistive Technology ☐
- Tuition Equity ☐
- Alternative Diploma or Certificate Completion ☐
- Self-Contained Classroom(s) ☐
- Other ☐
- None of the above ☐

Return form by November 1, 2026 to:

Rosters, Statistics & Research Services
1333 S. Kirkwood Rd.
Saint Louis MO 63122