

2017-2018 Lutheran High School Application



STUDENT APPLICANT INFORMATION		
Grade Applying for: 9 10 11 12 (please circle one)		If Resides in Jefferson Parish, Bus Needed: Y or N (please circle one)
First Name: _____ Middle Name: _____ Last Name: _____ Known As: _____		
Date of Birth: _____	SSN: _____	Sex: M or F (circle one)
Home Street Address: _____		
City: _____	State: _____	ZIP Code: _____
Race: (Please circle) Caucasian Asian African American Hispanic Other: _____	Religion & Church Membership: _____	Student Cell: _____ Student Email: _____
STUDENT APPLICANT SCHOOL HISTORY		
Current School and Grade: (please list ALL schools attended)		
Previous School: _____	Grade(s) Attended: _____	
Previous School: _____	Grade(s) Attended: _____	
Previous School: _____	Grade(s) Attended: _____	
Previous School: _____	Grade (s) Attended: _____	
Has Applicant Ever Been Put on Probation or Dismissed from Another School: Y or N (circle)		
If Yes, Please Explain: _____ _____		
Does applicant have a history of learning disabilities? Y or N (circle)		
If Yes, Please Explain (supply testing and diagnosis paperwork with application): _____ _____		
STUDENT APPLICANT MEDICAL INFORMATION		
Does applicant have any medical conditions: Y or N (circle) If yes, please specify: _____ _____		
List Allergies: _____ _____	List all medications: _____ _____	
Will Medicine be taken at School: Y or N (circle)	May we give student Tylenol during school without contacting you? Y or N (please circle)	
Anything school should know about this student (behavioral, emotional, etc.): _____ _____		
STUDENT EMERGENCY CONTACT INFORMATION (WHEN PARENT/GUARDIAN MAY NOT BE REACHED)		
Name: _____		
Relationship to Student: _____	Best Number to Call: _____	
Name: _____		
Relationship to Student: _____	Best Number to Call: _____	

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**HOUSEHOLD INFORMATION: PERTAINS TO ALL LIVING AT STUDENT'S ADDRESS
(PARENT/GUARDIAN LEGALLY RESPONSIBLE FOR STUDENT)**

Names and grades of siblings attending Lutheran High School:

Parent/ Guardian Name:		Relationship to Student:	
Email:	Home Phone:	Cell Phone:	
Employer:	Work Phone:	Position:	
2 nd Parent/Guardian Name:		Relationship to Student:	
Email:	Home Phone:	Cell Phone:	
Employer:	Work Phone:	Position:	

PARENT OR GUARDIAN NOT LIVING WITH STUDENT

Name:	Relationship to Student:
Does Parent/Guardian Share Custody of the Student? Y or N (circle)	If yes, please continue to provide the following information:
Street Address:	City, State and Zip code:
Home Phone:	Cell Phone:
Email Address:	Employer:
Position:	Work Phone:

SIGNATURE OF PARENT OR GUARDIAN

I authorize that the information provided is accurate.

Signature of Parent or Legal Guardian:	Date:
Please print name and relationship to applicant:	Responsible for financial obligations of student? Y or N (circle)
If answered No, please list person who is financially responsible for student:	Relationship to Student:

TO BE FILLED OUT BY OFFICE ONLY

If Applicable, Please Circle One: LA Scholarship ACE ARETE	Scholarship/ACE/ARETE: Verification Documentation Provided? Y or N (circle one)	If Tuition Student, Financing Through Metairie Bank? Y or N (Please circle)
Application Fee Paid: (Include Amount and Check Number)	Registration Fee Paid: (Include Amount and Check Number)	Tuition Paid: (Include Amount and Check Number)
Bus Address, if different:	Principal Interview: Y or N (circle)	Domiciliary Parent if Applicable:

Lutheran High School admits students without regard to physical handicap, race, color, gender, national and ethnic origin, or sexual orientation to all the rights, privileges, programs and activities available to students. It does not discriminate in the administration of educational policies, financial aid programs, athletic programs or any other school administered programs.

Please submit this application, along with the application fee of \$225.00 to: **Lutheran High School**
The application fee is not refundable. **3864 Seventeenth Street**
Metairie, LA 70002

Application fee does <u>not</u> apply to students in the LA Scholarship Program.
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