

2020-2021 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)	
Has student ever been seen by a psychologist or a psychiatrist? Y or N (circle). If yes, please explain. If No, is there anything school should know about this student (behavioral, emotional, etc.): _____ _____		
STUDENT EMERGENCY CONTACT INFORMATION (WHEN PARENTS/GUARDIANS 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 (PARENTS/GUARDIANS 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:

2nd Parent/Guardian Name:

Relationship to Student:

Email:

Home Phone:

Cell Phone:

Employer:

Work Phone:

Position:

PARENT OR GUARDIAN NOT LIVING WITH STUDENT (SHARES CUSTODY OF STUDENT)

Name:

Relationship to Student:

Cell Phone:

Employer:

Street Address:

Position:

City, State, Zip Code:

Work Phone:

Home Phone:

Email Address:

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:

The application fee is not refundable.

**Lutheran High School
3864 Seventeenth Street
Metairie, LA 70002**

Application fee does not apply to students in the LA Scholarship Program.