

2021-2022 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: _____

Date of Birth: _____ SSN: _____ Sex (please circle): M or F

Home Street Address: _____

City: _____ State: _____ ZIP Code: _____

Race (please circle):		Religion & Church Membership: _____	Student Cell: _____ Student Email: _____
American Indian or Alaska Native	Asian		
Black or African American	White		
Native Hawaiian or other Pacific Islander			

STUDENT APPLICANT SCHOOL HISTORY (Please list last 3 schools / grades attended)

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): _____

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.): _____

HOUSEHOLD INFORMATION: PERTAINS TO ALL LIVING AT STUDENT'S ADDRESS (Parents/Guardians legally Responsible for Student)

Names and grades of siblings attending LHS (if applicable): _____

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: _____

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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:

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*)

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.