



**Lutheran High School  
La Verne, CA**

*“Our 45<sup>th</sup> year of Quality Education and Meaningful Ministry”*  
Colossians 3:12-14

**Domestic Student Enrollment Process and Application**

**Domestic Student Admission Process**

1. Prospective student completes enrollment application and submits application fee.
2. Interview is set up with Executive Director.
3. Lutheran High School accepts or denies student admission.
4. Student pays registration and comprehensive fees to secure admission if accepted.

**Student Application**

School Year  20 - 20	Entering Grade Level (Check One)  <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<b>FOR OFFICE USE ONLY</b> Date Registered _____ Date Started _____  Check # _____  Amount \$ _____
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**Student Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Male    Female

Student Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Languages Spoken \_\_\_\_\_



Student resides with (Check one)

- Father/Mother     Father ONLY     Mother ONLY     Father/Step Mother  
 Mother/Step Father     Guardian

**Parent/Guardian Contact Information**

1. **Name** (Mr. /Mrs. / Ms. / Dr.) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Responsible for School Related Decisions?     Yes     No

Responsible for School Communications?     Yes     No

Responsible for Financial Bills?     Yes     No

2. **Name** (Mr. /Mrs. / Ms. / Dr.) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Responsible for School Related Decisions?     Yes     No



Responsible for School Communications?  Yes  No

Responsible for Financial Bills?  Yes  No

**Emergency Contact (if parent or guardian cannot be reached)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Siblings**

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Family Church Information**

Is the student a Christian? Yes \_\_\_ No \_\_\_ Is the student Baptized? Yes \_\_\_ No \_\_\_

Student is not currently a member of a Christian church but is interested in becoming Christian?  
Yes \_\_\_ No \_\_\_

**Academic Information**

**Last School Attended**

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason for leaving previous school?  
\_\_\_\_\_

Has the student ever skipped a grade? Yes \_\_\_ No \_\_\_ If yes what grade \_\_\_\_\_

Has the student ever repeated a grade? Yes \_\_\_ No \_\_\_ If yes what grade? \_\_\_\_\_



Has the student ever been dismissed or withdrawn, or suspended from any school for any reason? No \_\_\_\_ Yes \_\_\_\_ If yes, please explain, include school and principal name.

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Does the student have any specific academic needs?

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Does the student have any clinically diagnosed learning disabilities? No \_\_\_\_ Yes \_\_\_\_ If yes, please explain.

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Are there any special medications or limitations your child has that we need to be aware of?

Medication\_\_\_\_\_ Condition\_\_\_\_\_

Medication\_\_\_\_\_ Condition\_\_\_\_\_

Please use the space provided here for any other pertinent information about your child or family situation that would assist us in meeting our shared commitment to your child.

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**Student Interests**

**FOOTBALL, VOLLEYBALL, BASKETBALL, WRESTLING, SOFTBALL, BASEBALL  
NJROTC, ASB, DRAMA**

Choir / Instruments: \_\_\_\_\_

Other: \_\_\_\_\_

**How did you hear about Lutheran High School?**

From a current student \_\_\_\_\_ From a currently enrolled sibling \_\_\_\_\_

From the LHS website \_\_\_\_\_ From a LHS mailing or advertisement \_\_\_\_\_

- Please attach official transcripts (last two years of school) with this application.
- Please include one recommendation form completed by a school administrator or counselor with this application.



**CONTRACTUAL AGREEMENT:** Must be completed and signed by the student's parent or guardian.

We the undersigned:

1. Agree to fulfill all financial obligations.
  - a. Fees will be paid upon notification of acceptance to Lutheran High School.
  - b. Tuition will be paid based upon tuition plan that is issued.
  - c. In the event of withdrawal or dismissal, all fees and tuition are non-refundable.
2. Agree to abide by Lutheran High School's guidelines as outlined in the Student Handbook.
3. Acknowledge that students' images may be used for promotional purposes unless this is declined in writing before classes begin.

Father's Signature (Male Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature (Female Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **NON- DISCRIMINATORY DISCLAIMER**

Lutheran High School does not discriminate on the basis of gender, race, color, national, or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship programs, athletic and other school administered programs.



**Lutheran High School**

**TEACHER/COUNSELOR/ADMINISTRATOR RECOMMENDATION FORM**

Student's Name \_\_\_\_\_

Referring Individuals Name \_\_\_\_\_

Position / Title \_\_\_\_\_

Please rate the above named student's preparation and potential by using the following scale:

**RATING EXPLANATION**

5 – Excellent    4 – Above Average    3 – Average    2 – Below Average    1 – Poor  
0 – Needs special help

**CATEGORIES**

Overall academic capabilities \_\_\_\_\_ Standardized test results indicate \_\_\_\_\_

Application of capabilities \_\_\_\_\_ Oral communication skills \_\_\_\_\_

Written communication skills \_\_\_\_\_ Self-Discipline \_\_\_\_\_

Relates well with peers \_\_\_\_\_ Respects school rules \_\_\_\_\_

Respects parents \_\_\_\_\_ Accepts discipline \_\_\_\_\_

Overall classroom behavior \_\_\_\_\_ Spiritual knowledge \_\_\_\_\_

Description of major disciplinary infractions in the past two years:

\_\_\_\_\_  
\_\_\_\_\_

Do parents support teachers and reinforce discipline? Yes / No

Have parents met financial obligation to school? Yes / No

If no, please explain? \_\_\_\_\_



I recommend this student: \_\_\_\_\_ Strongly \_\_\_\_\_ Fairly \_\_\_\_\_ With reservations \_\_\_\_\_ Not at all

Explanation of recommendation / comments

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Signature of Teacher/Administrator \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_

City/State \_\_\_\_\_