

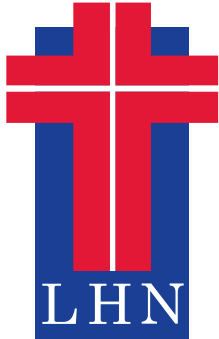
# Application for Admission

**LUTHERAN HIGH NORTH**  
1130 W. 34th Street, Houston, TX 77018

*Quality Academics*



*Meaningful Ministry*



Phone: (713) 880-3131

FAX: (713) 880-5447

www.lutheranhighnorth.org

*(Please print throughout the application in black ink.)*

**FOR OFFICE USE ONLY**

Starting date \_\_\_\_\_

Date registered \_\_\_\_\_

\$ \_\_\_\_\_ Check # \_\_\_\_\_

\$ \_\_\_\_\_ Cash Receipt # \_\_\_\_\_

UNID \_\_\_\_\_ Gr ID \_\_\_\_\_

**Student Information** Applicant for admission to:  Grade 9  Grade 10  Grade 11  Grade 12

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Student phone #: \_\_\_\_\_

\_\_\_\_\_ Student cell phone #: \_\_\_\_\_

City: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

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

Current school name: \_\_\_\_\_ Grades attended: \_\_\_\_\_

School Address & Phone: \_\_\_\_\_

Previous school: \_\_\_\_\_ City: \_\_\_\_\_ Grades attended: \_\_\_\_\_

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**FAMILY CHURCH MEMBERSHIP INFORMATION**

Name of Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

We are not members of a church and would welcome a visit from the Association Pastoral staff.

Our family holds membership in several churches (please explain): \_\_\_\_\_

Is student baptized?

Yes  No

Baptism date: \_\_\_\_\_

Is student confirmed?

Yes  No

**ETHNIC ORIGIN:**

African-American

Asian-American

Caucasian

East Indian

Middle Easterner

Native American

Hispanic/Latino

Pacific Islander

Other \_\_\_\_\_

Is a language other than English spoken at home?

Yes  No

If yes,  Occasionally  Often

If yes, what language? \_\_\_\_\_

**STUDENT LIVES WITH:**

*(please check ALL that apply)*

Father

Mother

Stepfather

Stepmother

Guardian

Other

Please check ALL that apply:

Father is deceased

Mother is deceased

Parents are separated

Parents are divorced

Father has custody

Mother has custody

Guardian has custody

Parents have joint custody

Father is remarried

Mother is remarried

**Please provide a copy of any court-ordered custody documents, when necessary.**

Student Name: \_\_\_\_\_

Going into grade: \_\_\_\_\_

School year: \_\_\_\_\_

## Family #1 (with whom student lives)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father  Stepfather  Other

Mother  Stepmother  Other

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Responsible for:  school related decisions  
 school communications  
 financial bills

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 school communications  
 financial bills

## Family #2 (non-resident parent or other relative)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father  Stepfather  Other

Mother  Stepmother  Other

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## Contractual Agreement *(must be signed by ALL individuals listed above who are responsible for school related decisions AND/OR financial bills)*

We the undersigned:

I. Agree to fulfill all financial obligations

A. Tuition and fees will be paid as billed. (Billed first of month - due by 15th.) Students with tuition in arrears may be withheld from class until payments are current.

B. Student's grades, credits and transcripts will not be issued or released until all applicable tuition and fees are paid.

C. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month.

II. Agree to abide by the Lutheran Education Association of Houston's guidelines as outlined in the student handbook.

III. Endorse, support and consent to our child's participation in the Lutheran Education Association of Houston's drug and alcohol abuse program, including testing.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

## Tuition Plan requested

- Paid in full before June 30
- 10 monthly payments (August - May)
- 12 monthly payments (June - May)

**Emergency contacts** if Family #1 contacts can not be reached:

Person to call next: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to call next: \_\_\_\_\_ Phone: \_\_\_\_\_

**Duplicate mailings (i.e. report cards, etc.) should be sent to**

- Family #2       Other (complete below)

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent survey - I like to** put parent code where applicable

- |                               |                                   |
|-------------------------------|-----------------------------------|
| _____ lead groups             | _____ talk with other people      |
| _____ ask people to help      | _____ drive a bus (have CDL)      |
| _____ organize events         | _____ work on the computer        |
| _____ teach                   | _____ file                        |
| _____ substitute teach        | _____ fix and build               |
| _____ help teachers           | _____ sew                         |
| _____ do yard work            | _____ be with students            |
| _____ paint                   | _____ serve food                  |
| _____ cook                    | _____ assist in the school office |
| _____ ask for gifts/donations | _____ other (list below)          |

- M = mother      F = father  
 GM = guardian mother    GF = guardian father

**I want to help with:**

- |                             |                          |
|-----------------------------|--------------------------|
| _____ Project Prom          | _____ Other (list below) |
| _____ Homecoming BBQ        | _____                    |
| _____ GALA/Auction          | _____                    |
| _____ Golf Tournament       | _____                    |
| _____ Parent/Teacher League | _____                    |
| _____ Athletic Boosters     | _____                    |
| _____ Spring Musical        | _____                    |
| _____ Concession Stand      | _____                    |

**Releases**

**PUBLICATION RELEASE**

During the year, photos will be taken and may be used in print publicity, on our website and in the yearbook. **If you do not wish for your child's photo and/or name to appear**, please send written notification to the school office no later than the first day your child attends class at LHN. Indicate in which publications you wish your child not to appear.

**STUDENT DIRECTORY RELEASE**

May we publish your name, address, phone number(s) and student's e-mail address in the school directory, which is distributed to the students?     Yes     No

**Other Student Information**

**SIBLINGS:**

- Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ LHN Alum?  No  Yes Year \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ LHN Alum?  No  Yes Year \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ LHN Alum?  No  Yes Year \_\_\_\_\_

**HEALTH:**

General health of student:  Poor     Fair     Good     Excellent    Allergies: \_\_\_\_\_

Physical disabilities or limitations: (glasses, scoliosis, hearing, etc.) \_\_\_\_\_

Dismissal from Physical Education  No  Yes ("Yes" requires note from doctor)

Is the student taking medication regularly?  No  Yes (If "yes", please explain)

Has the student ever had any psychological counseling?  No  Yes (If "yes", please explain the nature of the counseling on a separate sheet of paper, which **will not** become a part of the student's permanent record.)

## Academic Information

Has the student ever been double-promoted?  No  Yes (If "yes", what grade?) \_\_\_\_\_

Has the student ever repeated a grade?  No  Yes (If "yes", what grade?) \_\_\_\_\_

Has the student ever been dismissed or withdrawn from any school for any reason?  No  Yes  
(If "yes", please explain, including name of school and principal)

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Does the student have any academic problems?  No  Yes (If "yes", in what areas?)

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Does the student have any clinically diagnosed learning disabilities?  No  Yes (If "yes", please explain)

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Has additional special testing or tutoring been necessary at any point in school?  No  Yes  
(If "yes", what grade and in what areas?)

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

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### How did you hear about LHN?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> from my current school                          | <input type="checkbox"/> from a friend/relative | <input type="checkbox"/> from my church                     |
| <input type="checkbox"/> from a sibling                                  | <input type="checkbox"/> from the website       | <input type="checkbox"/> from an ad we received in the mail |
| <input type="checkbox"/> from a newspaper/magazine ad (which one?) _____ | <input type="checkbox"/> other                  |   |

**Please return this application to:**

**Lutheran High North  
1130 West 34th Street  
Houston, TX 77018**



Lutheran High North is a school of the Lutheran Education Association of Houston