

Pacific Lutheran High School

2010-2011 REGISTRATION FORM

P.O. Box 3295 Torrance, CA 90510 PHONE: (310) 530-1231
Mr. Lucas Fitzgerald, Principal FAX: (310) 530-1215

Date of Application: _____ Applying for Grade: 9 10 11 12

STUDENT'S FULL NAME: _____
(Last) (First) (Middle)

HOME ADDRESS: _____
(Number/Street) (City) (Zip)

HOME PHONE: (_____) _____ STUDENT CELL PHONE #: (_____) _____

SEX: M F DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
(City/State)

I would like to enroll my child in Pacific Lutheran High School for the 2010-2011 School Year. I understand that there is a non-refundable \$500 Enrollment Fee that is to be submitted upon acceptance to PLHS.

FATHER/GUARDIAN SIGNATURE: _____

MOTHER/GUARDIAN SIGNATURE: _____

FATHER'S NAME: _____

Father lives with student? Yes No If guardian, relationship to student: _____

Father's address, if different: _____

Father's Employer: _____ Job Title: _____

Work Address: _____

Work Hours: From _____ to _____ Work Phone: (_____) _____ ext _____

Cell Phone: (_____) _____ - _____ E-mail address: _____

MOTHER'S NAME: _____

Mother lives with student? Yes No If guardian, relationship to student: _____

Mother's address, if different: _____

Mother's Employer: _____ Job Title: _____

Work Address: _____

Work Hours: From _____ to _____ Work Phone: (_____) _____ - _____ ext _____

Cell Phone: (_____) _____ - _____ E-mail address: _____

Who will be responsible for payment of tuition? _____

Please list other family members living at student's residence:

Name

Relationship to student

Age

PREVIOUS SCHOOL INFORMATION (*Start with most recent school*)

Name of School: _____ Dates Attended: _____ to _____

Address: _____ City/State/Zip: _____

Phone #: _____

Reference Person: _____

Name of School: _____ Dates Attended: _____ to _____

Address: _____ City/State/Zip: _____

Reference Person: _____

Has student ever been suspended or dismissed from school? Yes No

If yes, which school: _____

Reason: _____

CHURCH INFORMATION

Church Presently Attending: _____

Address: _____ City/State/Zip: _____

Pastor's Name: _____ Sundays per month attending: _____

Does the student attend church with family? Yes No

Has the student been baptized? Yes No If yes, when: _____

Are you looking for a new church home? Yes No

Have you been referred by a Pacific Lutheran High School Family?

Family Name: _____

Student Theology Background: *(To be filled out by student)*

What is your understanding of Christianity?

How do you think a Christian school is different from a non-Christian school?

What are the benefits of a Christian school?

Pacific Lutheran High School
TEACHER/COUNSELOR RECOMMENDATION FORM

STUDENT'S NAME: _____

PRESENT SCHOOL: _____

SIGNATURE/TITLE: _____

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

- | | | |
|-------------------|-------------------|------------------------|
| 5 ~ Excellent | 3 ~ Average | 1 ~ Poor |
| 4 ~ Above Average | 2 ~ Below Average | 0 ~ Needs special help |

	RATING	EXPLANATION
Overall academic capabilities	_____	Standardized test results indication
Application of capabilities	_____	Effort to apply ability to school work
Oral communication skills	_____	How well the student speaks
Written communication skills	_____	How well the student writes
Self Discipline		
Relates well with peers	_____	Gets along with other students
Respects school rules	_____	Tries to do what is right
Respects authority	_____	Accepts discipline
Overall classroom behavior	_____	A "joy" or a "pain" to have in class
Spiritual respect	_____	Respects school's religious program

Description of major disciplinary infractions in the past two years (suspensions/referrals):

Please attach a copy of student's first semester grades. If not available, please list grades below.

_____ English	_____ Social Studies	_____ Music	_____ Other ~ _____
_____ Math	_____ Reading	_____ Art	_____ Other ~ _____
_____ Science	_____ P.E.		_____ Other ~ _____

Do parents support teachers and reinforce discipline? YES NO

Have parents met financial obligation to school? YES NO

If no, please explain: _____

Are parents receiving tuition assistance? YES NO

If yes, how much? _____

What is regular tuition this year? _____

_____ I recommend this student: _____ Strongly _____ Fairly Strongly _____ With reservation

_____ I do not recommend this student. **(Please explain on back of page)**

Signature of Teacher or Principal: _____ Date: _____

Thank you! Please return to: PLHS, P.O. Box 3295, Torrance, CA 90510 310-530-1215 Fax 310-530-1231 phone

Pacific Lutheran High School
TEACHER/PASTOR RECOMMENDATION FORM

STUDENT'S NAME: _____

PRESENT SCHOOL: _____

SIGNATURE/TITLE: _____

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

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4 ~ Above Average

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2 ~ Below Average

1 ~ Poor
0 ~ Needs special help

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