

Pacific Lutheran High School

2009-2010 Summer School Registration Form

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

Date of Application: _____ 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's 2009-2010 Summer School. I understand that there is a non-refundable \$500 fee for this course due with this completed application.

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: _____

Summer School Class I am registering for: (Check all that apply)

Algebra _____ Spanish _____ Biblical Apologetics _____ Life Skills _____

Study Skills _____ English/Writing _____

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: _____