

Pacific Lutheran High School

Enrollment Application



Admission Application

School Year
_____ - _____

Grade Level (circle One)
9 10 11 12

FOR OFFICE USE ONLY
Date Registered _____
Date Started _____
Check # _____
Amount \$ _____

Student Information:

Name: _____			Sex (circle one) M F	
Last	First	Middle Initial		
Family Home Phone	Home Address			
_____	Address _____			
	City _____		State _____	Zip Code _____
Student's Date of Birth	Student's Social Security	Student's Cell		
_____	_____	_____		

- Student resides with (Check one):**
 - Father/Mother Father Only Father/Step Mother
 - Mother Only Mother/Step Father Guardian (Relationship to Student): _____
- If applicant's parents are divorced or separated, which parent should receive school communications?**
 - Mother Father Both

<p>Student lives with: (circle all that apply)</p> <p>Father Stepmother Grandfather Guardian</p> <p>Mr. _____</p> <p>Dr. _____</p> <p>Employer _____</p> <p>Occupation _____</p> <p>Work Phone _____ Ext. _____</p> <p>Cell/Pager _____</p> <p>E-Mail Address _____</p> <p>Responsible for School Related Decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Responsible for School Communications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Responsible for Financial Bills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Percentage of Financial Responsibility ___50% ___100% ___Other</p>	<p>Student lives with:</p> <p>Mother Stepmother Grandmother Guardian</p> <p>Mrs. _____</p> <p>Ms. _____</p> <p>Dr. _____</p> <p>Employer _____</p> <p>Occupation _____</p> <p>Work Phone _____ Ext. _____</p> <p>Cell/Pager _____</p> <p>E-Mail Address _____</p> <p>Responsible for School Related Decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Responsible for School Communications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Responsible for Financial Bills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Percentage of Financial Responsibility ___50% ___100% ___Other</p>
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Family #2 (non-resident parent or other relative)

Father Stepfather Grandfather Guardian	Mother Stepmother Grandmother Guardian
Mr. _____ Dr. _____	Mrs. _____ Ms. _____ Dr. _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone _____ Ext. _____	Work Phone _____ Ext. _____
Cell/Pager _____	Cell/Pager _____
E-Mail Address _____	E-Mail Address _____
Responsible for School Related Decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible for School Related Decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for School Communications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible for School Communications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for Financial Bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible for Financial Bills? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact (if parents cannot be reached)

Name _____ Phone _____ Alternate _____
Doctor _____ Phone _____

Siblings

Name _____ Grade _____ School _____
Name _____ Grade _____ School _____

Family Church Membership

Name of Church _____ Student Baptized Yes No Date of Baptism _____

Denomination _____

We are not members of a church and would welcome a visit from a Pastor.

Duplicate Mailings

Family #2

Name _____

Home Address

Address _____

City _____ State _____ Zip Code _____

Academic Information

Last School Attended

Name of School _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Reason for leaving previous school

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

Does your child have any specific academic needs?

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

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

_____ (Medication) _____ (Condition)

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

- Please attach official transcripts with this application.
- Please attach copies of any standardized testing you have from the last two years.

Student Interests:

- Athletics: Specify _____
- Choir / Band: Instrument _____
- Clubs _____
- Other _____



How did you hear about Pacific Lutheran High School?

- from our current school
- from a currently enrolled sibling
- from a newspaper/magazine ad (specify) _____
- from a current PLHS family _____
- from the website/internet
- from our church
- from an PLHS mailer
- other _____

CONTRACTUAL AGREEMENT: MUST BE COMPLETED AND SIGNED BY ALL PARTIES

We the undersigned:

- I. Agree to fulfill all financial obligations.
 - A. Tuition and fees will be paid as billed. (Billed the first of the month – due by the 10th). Students with tuition in arrears may be withheld from class until payment is current.
 - B. Student’s grades, credits and transcripts may not be 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. Recognize that 20 volunteer hours for parents and students is required each academic year. 10 of these 20 hours must be completed at Luther’s Attic Thrift store. This number of hours is increased to 30 hours for school families receiving financial assistance/ discounted tuition. I understand there is a \$20.00 per hour fee for all uncompleted parent and/or student hours.
- III. Agree to abide by Pacific Lutheran High School’s guidelines as outlined in the *Student Handbook* which can be found on www.pacificlutheranhigh.com under Forms
- IV. Agree to abide by Pacific Lutheran High School’s *Technology Use Policy*. (Found on www.pacificlutheranhigh.com under Forms)
- V. Acknowledge that students’ images may be used for promotional purposes unless this is declined in writing before classes begin.

Father’s Signature _____ Date _____

Mother’s Signature _____ Date _____

Student’s Signature _____ Date _____

For Statistical Purposes Only – Ethnic Origin: African-American Asian-American Caucasian Hispanic Other _____

NOTICE OF NON-DISCRIMINATORY POLICY

Pacific 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.

Pacific Lutheran High School

TEACHER/COUNSELOR/ADMINISTRATOR RECOMMENDATION FORM



STUDENT'S NAME: _____

REFERRING INDIVIDUAL NAME _____

POSITION / TITLE: _____

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

RATING EXPLANATION

5 ~ Excellent 3 ~ Average 1 ~ Poor
4 ~ Above Average 2 ~ Below Average 0 ~ Needs special help N/A Not Available

CATEGORIES

Overall academic capabilities	_____	Standardized test results indication	_____
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/maturity	_____

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

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 Administrator: _____ Date: _____

Thank you! Please return to student in sealed form or deliver in one of the following ways:

1. PLHS, P.O. Box 3295, Torrance, CA 90510 (Physical Address)
2. pacificlutheranhigh@yahoo.com (scan, then e-Mail)
3. 310-530-1215 (Fax)