

Pacific Lutheran High School

2011-2012 RE-ENROLLMENT 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)

CELL PHONE: (_____) _____ 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 2011-2012 School Year.

I understand that there is a \$500 Enrollment Fee (\$450 if received by March 1, 2011) that is to be submitted with this form.

FATHER/GUARDIAN SIGNATURE: _____

MOTHER/GUARDIAN SIGNATURE: _____

STUDENT 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? _____