

Application for Admission

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Thank you for considering Lutheran High School North. The members of our Admissions Committee seek your participation in the following procedures to complete the application process:

1. Please complete this application and return it with the application fee of \$100 to the Admissions office, Lutheran High School North, 5401 Lucas & Hunt Road, Saint Louis, Missouri 63121-1599. Payment of \$150 is due upon receiving the acceptance letter to secure your spot. Make your check(s) payable to "Lutheran High School North". It is important for both parents or the parent and the person responsible for tuition bills to sign the application. All students must sign the application and complete the Candidate Questionnaire.
2. Please complete and sign the "Permission to Release Records" at the top of Recommendation Form A. Please give Recommendation Form A to the principal or guidance counselor and ask that the form be completed and returned to Lutheran North with the appropriate transcript and test record. A homeroom teacher may be asked to write supplementary comments on the back of the form. The school must mail Recommendation Forms.
3. All candidates for entrance into grade nine are expected to take the EXPLORE test. The EXPLORE test will be given to all eighth graders at all Lutheran elementary schools. All other candidates will take the test on the designated or arranged testing date. Please contact The Admissions Office for testing dates.
4. All candidates need to have Form B completed. If you attend or are a member of a Lutheran church, please give Form B to your pastor and request it to be returned to Lutheran North. Other candidates may choose their pastor or another person to complete and return Form B.
5. Students should complete the Candidate Questionnaire in their own handwriting.
6. Disabled candidates should identify themselves early in the application process so that accommodations can be arranged if feasible.
7. A campus visit for the candidate and family is encouraged. Additional testing and/or a class day visit may be requested by the members of the Admissions Committee.

The Admissions Committee will make a recommendation about admission when all materials have been received. You are welcome to contact the Admissions office at (314) 389-3100 for additional information or to determine that the application folder is complete. Office hours are 7:30 a.m. to 3:30 p.m. weekdays. The school's FAX number is (314) 389-3103. The "Crusader Curriculum" catalog, our website, and the Tuition Assistance sheet provide information that may be helpful during the application process.

Family Data

Do other children (siblings) in your family now attend Lutheran High School North? Yes No

Name _____ Grade(s) _____ Name _____ Grade(s) _____

Did other children (siblings) in your family attend Lutheran High School North? Yes No

Name(s) _____ Name(s) _____

Are this child's parents Lutheran North alumni? Yes No If so, please give graduation year(s) _____

Father's Name (Rev./Dr./Mr.) _____

Home Phone# _____ Home Address _____

City _____ State _____ Zip _____ Employer _____

Occupation _____ Work Phone _____

Father's Cell Phone _____ Father's Pager _____

Mother's Name (Dr./Mrs./Ms.) _____

Home Phone# _____ Home Address _____

City _____ State _____ Zip _____ Employer _____

Occupation _____ Work Phone _____

Mother's Cell Phone _____ Mother's Pager _____

Please star () above which address to use for all correspondence about this application.*

Maternal Grandparents

Address _____

Doctor's Name _____

Hospital Affiliation of Doctor _____

Paternal Grandparents

Address _____

Office Phone (_____) _____

Hospital Phone (_____) _____

Emergency Contact (Someone that does NOT reside at your address):

Name _____ Relationship _____

Day Phone (_____) _____

Contact Data

Please indicate name(s) of person(s) and address(es) who should receive report cards if different from above:

Are parents separated? Yes No Divorced? Yes No

If yes, who has custody?

Remarks from Family:

Application for Admission

Application Fee Paid _____ Registration Fee Paid _____

Name of Student

Last _____ First _____

Middle _____ (preferred) _____

Applicant to enter Grade _____ Male Female Birthdate _____

Social Security # _____ Phone# (_____) _____

Address _____ City _____ State _____ Zip _____

Household Email Address _____

Student lives with:

Father & Mother Father Only Mother Only Father/Stepmother Mother/Stepfather

Grandparent/Guardian

How did you first learn about Lutheran High School North? _____

Present Church Membership _____ Denomination _____

Church Address _____ Pastor _____

Baptized? Yes No Date _____ Confirmation Date _____

Ethnic Origin: African/American White Hispanic American Indian/Alaskan Other _____

List once each school attended. If more space is needed, please use remarks section:

Last School _____ Principal _____

Address _____ City _____ State _____ Zip _____

Dates of Attendance _____ Grade(s) finished or in progress _____

School _____ Principal _____

Address _____ City _____ State _____ Zip _____

Dates of Attendance _____ Grade(s) finished or in progress _____

Public School District in which you live _____

Applicants for Grade 9 should take the EXPLORE Test. Do you need EXPLORE test information? Yes No

Please indicate your child's approximate grade average _____

Has applicant skipped a grade? Yes No Which Grade? _____

Has applicant repeated a grade? Yes No

Has applicant ever received severe disciplinary censure at school or from the community? Yes No

School Suspension? Yes No Asked to withdraw by school? Yes No

Expelled? Yes No

Please explain any yes _____

Evaluated by SSD Yes No Current IEP Yes No

LD Diagnosis Yes No ADD or ADHD Diagnosis Yes No

Please explain any yes _____

Contract of Enrollment

Name: _____

First

Middle

Last

If accepted by the Committee on Admissions and with (my/our) payment of the appropriate enrollment deposit, please enter (my/our) (child/ward) as a student in Lutheran High School North for the full school year to be subject to the written statements, rules, regulations, conditions, and financial terms contained in the Lutheran High School North Handbook, the Crusader Curriculum, and the Tuition Payment Preference, including the following with which (I am/we are) familiar.

1. A non-refundable application fee of \$100 is required of all students. Payment of \$150 is due upon receiving the acceptance letter. (Total \$250)
2. The use of (my/our) (child's/ward's) photograph in school publications is authorized.
3. The school is not responsible for damages to or loss of personal belongings.
4. (I/We) hereby authorize Lutheran High School North to contact schools and other sources to obtain information to support the application and (I/we) will not seek access to confidential recommendations and evaluation materials before or after (my/our) (child's/ward's) admission. These records will be handled in a confidential manner and only for the purpose of admission to Lutheran North. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Lutheran High School North for that purpose.
5. Students are expected to be in their classrooms at 7:55 a.m. with the warning bell. Students should leave school by 3:25 p.m. or they will be asked to go to a study hall/computer lab with a supervising teacher. If students are involved in after school activities, they should leave school after the activity. If a student is absent for a day, parents should call the school before 10:00 a.m. and inform the school of the reason for the absence.
6. If, in the opinion of a properly licensed and practicing physician, (my/our) (child/ward) needs medical or surgical services which require (my/our) authorization or consent before being supplied and reasonable attempts have been made to contact parents, (I/we) hereby authorize, appoint, and empower Lutheran High School North to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release Lutheran High School North from any liability which might arise from the giving of such authorization; it being (my/our) desire that (my/our) (child/ward) be furnished with such medical or surgical services as soon as possible after the need arises.

Mother (or legal guardian)

Signature of person responsible for billing

Father (or legal guardian)

Date

The following must be signed by the applicant for entrance into Grades 9-12:

I understand that Lutheran High School North regulations forbid the use of drugs, alcohol and tobacco by all students and that this rule applies whether I am on or off campus. If admitted, I agree to abide by the expectations of the Lutheran High School North Student Handbook.

I authorize Lutheran High School North to contact current and previous schools or other sources to obtain information to support my application and I will not seek access to confidential recommendations and evaluation materials before or after admission.

Lutheran High School North may use my photograph in school publications.

Signature of Applicant

Date

This application is incomplete without signatures as indicated.