

**APPLICATION FORM**  
**TO BE FILED WITH**  
**\$150 FEE 8<sup>TH</sup> GRADE**  
**\$200 FEE 9<sup>TH</sup>-12<sup>TH</sup> GRADE**

LUTHERAN HIGH SCHOOL  
3864 17<sup>th</sup> Street  
Metairie, LA 70002

2012-2013 SCHOOL YEAR

**PARENTS: PLEASE FILL THIS FORM OUT COMPLETELY AND SIGN IT. DO NOT SIGN FOR EACH OTHER. WE MUST HAVE A RECORD OF EACH PARENT'S SIGNATURE ON FILE. NOTIFY THE OFFICE OF ANY CHANGES DURING THE YEAR.**

STUDENT'S NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ MAY WE LIST IN THE DIRECTORY? \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

CHURCH MEMBERSHIP: \_\_\_\_\_ IF LUTHERAN, CONGREGATION: \_\_\_\_\_

PREVIOUS SCHOOLS ATTENDED (INCLUDE LHS) 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_

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FATHER'S NAME: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_ Wk.PHONE #: \_\_\_\_\_

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MOTHER'S NAME: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_ Wk.PHONE #: \_\_\_\_\_

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RESIDENT STEP-PARENT'S NAME: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_ Wk.PHONE #: \_\_\_\_\_

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STUDENT LIVES WITH: BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER (NOTE BELOW) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_ Wk.PHONE #: \_\_\_\_\_

**IN CASE OUR CHILD BECOMES ILL AT SCHOOL AND WE CANNOT BE CONTACTED, THE FOLLOWING PEOPLE (AND ONLY THESE PEOPLE) ARE AUTHORIZED TO EXCUSE HIM/HER FROM SCHOOL AND CARE FOR HIM/HER UNTIL WE CAN BE CONTACTED.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THAT THE SCHOOL CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED BELOW AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS SEEM NECESSARY.

LOCAL PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

DOES THE STUDENT HAVE ANY MEDICAL CONDITIONS? IF SO, PLEASE EXPLAIN:

\_\_\_\_\_

IS THE STUDENT CURRENTLY TAKING ANY MEDICATIONS? (YES/NO)

PLEASE LIST ANY MEDICATIONS: \_\_\_\_\_

WILL THE STUDENT BE TAKING THESE MEDICATIONS DURING SCHOOL HOURS OR BRINGING ANY MEDICATIONS TO SCHOOL?

\_\_\_\_\_

PLEASE LIST ANY LEARNING DISABILITIES: \_\_\_\_\_

PLEASE LIST HISTORY OF TESTING, REMEDIATION AND/OR THERAPY FOR LEARNING DISABILITIES:

\_\_\_\_\_

MAY WE GIVE YOUR CHILD ACETAMINOPHEN (TYLENOL) WITHOUT CONTACTING YOU?  
YES \_\_\_ NO \_\_\_

PERSON RESPONSIBLE FOR CHILD'S FINANCIAL OBLIGATIONS: \_\_\_\_\_

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SIGNATURE OF FATHER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF MOTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: APPLICATION FEE WILL BE REFUNDED ONLY IF STUDENT IS NOT ACCEPTED**