

APPLICATION FORM
TO BE FILED WITH
\$200 FEE

LUTHERAN HIGH SCHOOL
3864 17th Street
Metairie, LA 70002

2010-2011 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) 8th _____ 9th _____

10th _____, 11th _____

FATHER'S NAME: _____ PHONE #: _____

ADDRESS: _____ E-Mail Address: _____

EMPLOYER: _____ TITLE: _____ PHONE #: _____

MOTHER'S NAME: _____ PHONE #: _____

ADDRESS: _____ E-Mail Address: _____

EMPLOYER: _____ TITLE: _____ PHONE #: _____

RESIDENT STEP-PARENT'S NAME: _____

EMPLOYER: _____ TITLE: _____ PHONE #: _____

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

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE #: _____

EMPLOYER: _____ TITLE: _____ 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: _____

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 _____

SIGNATURE OF FATHER: _____ DATE: _____

SIGNATURE OF MOTHER: _____ DATE: _____

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

LUTHERAN HIGH SCHOOL

2010-2011 SCHOOL YEAR FINANCIAL INFORMATION

Application/Enrollment Fee: \$200

Association Member Tuition: \$5,100

Non-member Tuition: \$5,600

Registration Fee: \$850

Includes miscellaneous costs* (e.g. book rental, workbooks, testing program, PTL, yearbook, school technology and development, capital use.)

Additional insurance coverage for football players is mandatory.

Transportation: Approximately \$150/month roundtrip

A \$100 rebate is awarded to anyone who pays the full tuition and fees by May 28, 2010.

*Students furnish their own paper, pens, pencils, notebooks, etc. Textbooks are to be returned in usable condition at the end of the course – loss or damage costs are assessed.

2010-2011
MEDICAL/PERMISSION AND RELEASE FORM

Name _____ Age _____
Address _____ City _____ State _____ Zip _____
In Case of Emergency Notify _____ Phone _____
Family Physician _____ Phone _____
Family Insurance Company _____ Phone _____
Please check if received:
Immunizations: TETANUS _____ POLIO BOOSTER _____ MEASLES _____ MUMPS _____
OTHER _____
HEPATITIS B SERIES _____

(Give dates on this form, as it will be the form to go with your child in an emergency)

PAST MEDICAL HISTORY
(Check giving appropriate information)

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____ Diabetes _____
Dizziness _____ Stomach Upset _____ Hay Fever _____ Stomach Ulcer _____ Other _____

ALLERGIES:

Food _____
(list type) Penicillin or other drug (specify) _____
Insect stings/bites _____
Poison sumac, oak, or ivy _____

Previous operations or other serious illnesses _____

Any **current** medications: (List) _____

Childhood diseases: Chicken pox _____ Measles _____ Mumps _____ Other _____

Additional medical information: _____

May we give your child acetaminophen (Tylenol) without contacting you? Yes _____ No _____

PERMISSION FOR TREATMENT

My permission is granted for Lutheran High School designee in charge to obtain necessary medical attention and/or hospitalization in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Lutheran High School from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while on field trips or in sports activities.

Dated this _____ day of _____, 20____.

State of _____ Parish of _____

Signature _____