2026-2027 Lutheran High School Application

STUDENT APPLICANT INFORMATION

Grade Applying for: 8 9 10 11 12 (please circle one) **If Resides in Jefferson Parish, Bus Needed: Y or N (please circle one)**

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth:	SSN:	Sex (*please circle*): M or F
Home Street Address:		
City:	State:	ZIP Code:
Race (*please circle*): Hispanic or Mexican Asian Black or African American Native Hawaiian or other Pacific Islander White	Religion & Church Membership: _____	Student Cell: _____ Student Email: _____

STUDENT APPLICANT SCHOOL HISTORY (Please list last 3 schools / grades attended)

Current School and Grade: (please list ALL schools attended)	
If not LHS - Previous School:	Grade(s) Attended:
Previous School:	Grade(s) Attended:
Previous School:	Grade(s) Attended:
Previous School:	Grade(s) Attended:

Has Applicant Ever Been Put on Probation or Dismissed from Another School: Y or N (circle)

If Yes, Please Explain: _____

Does applicant have a history of learning disabilities? Y or N (circle)
If Yes, Please Explain (supply testing and diagnosis paperwork with application): _____

_____

Has your student ever been seen by a psychologist or a psychiatrist? Y or N (circle).
If yes, please explain. If No, is there anything school should know about this student (behavioral, emotional, etc.): _____

_____

May we give student Tylenol during school without contacting you?

Y or N (please circle)

HOUSEHOLD INFORMATION: PERTAINS TO ALL LIVING AT STUDENT'S ADDRESS (Parents/Guardians legally Responsible for Student)

Names and grades of siblings attending LHS (if applicable):		
Parent/ Guardian Name:	Relationship to Student:	
Email:	Home Phone:	Cell Phone:
Employer:	Work Phone:	Position:
2nd Parent/Guardian Name:	Relationship to Student:	
Email:	Home Phone:	Cell Phone:
Employer:	Work Phone:	Position:

PARENT OR GUARDIAN NOT LIVING WITH STUDENT (Shares Custody of Student)

Name:	Relationship to Student:
Cell Phone:	Employer:
Street Address:	Position:

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City, State, Zip Code:	Work Phone:
Home Phone:	Email Address:
STUDENT EMERGENCY CONTACT INFORMATION (When Parents/Guardians may not be reached**)**	
Name:	
Relationship to Student:	Best Number to Call:
Name:	
Relationship to Student:	Best Number to Call:
SIGNATURE OF PARENT OR GUARDIAN (I authorize that the information provided is accurate**.)**	
Signature of Parent or Legal Guardian:	Date:
Please print name and relationship to applicant: _____	Responsible for financial obligations of student? Y or N (circle)
If you answered No, please list the person who is financially responsible for student: _____	Relationship to Student: _____

TO BE FILLED OUT BY OFFICE ONLY		
If Applicable, Please Circle One: LA Scholarship ACE ARETE	Scholarship/ACE/ARETE: Verification Documentation Provided? Y or N (circle one)	If Tuition Student, Financing Through Metairie Bank? Y or N *(Please circle)*
Bus Address, if different:	Principal Interview: Y or N (circle)	Domiciliary Parent if Applicable:

Lutheran High School admits students without regard to physical handicap, race, color, gender, national and ethnic origin, or sexual orientation to all the rights, privileges, programs and activities available to students. It does not discriminate in the administration of educational policies, financial aid programs, athletic programs or any other school administered programs.

Please submit this application, along with the application fee of $225.00 to: **Lutheran High School**
The application fee is not refundable. **3864 Seventeenth Street**
Metairie, LA 70002

Application fee does not apply to students in the LA Scholarship Program.