

APPLICATION

Lutheran High School Parker

STUDENT INFORMATION

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Gender M F Age _____ Date of Birth _____

Please circle.

Father's Email Address _____ Mother's Email Address _____

Race/Ethnicity (optional) _____

Applicant's Present School _____ Grade Entering 9 10 11 12

Please circle.

FAMILY INFORMATION

Applicant lives with (check all that apply)

Check any that apply

____ Father ____ Stepfather
____ Mother ____ Stepmother
____ Other, Relationship _____

____ Father is deceased ____ Mother is deceased
____ Parents are separated ____ Parents are divorced
____ Other (explain) _____

Father's Name _____

Home Address (if different from applicant's address) _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax _____

Occupation and Place of Employment _____

Are you a DLHS graduate? Yes No Class of _____ Race/Ethnicity (optional) _____

Please circle.

Mother's Name _____

Home Address (if different from applicant's address) _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax _____

Occupation and Place of Employment _____

Are you a DLHS graduate? Yes No Class of _____ Race/Ethnicity (optional) _____

Please circle.

FAMILY INFORMATION *Continued*

Stepparent's Name (if applicable) _____

Address (if different from applicant's address) _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax _____

Occupation and Place of Employment _____

Are you a DLHS graduate? Yes No Class of _____ Race/Ethnicity (optional) _____
Please circle.

Brothers and Sisters

Name	M/F	Age	School

Religious Affiliation

Parish or Church Membership _____ City _____

Denomination _____ If Lutheran, what Synod? LCMS ELCA WELS
Please circle.

_____ Student is not a member of any church at this time.

Baptized? Yes No Year _____
Please circle.

TUITION PAYMENT INFORMATION

Student's Name _____ **Grade entering** _____

Siblings attending LHSP during the 09-10 school year _____

Person(s) responsible for paying tuition

Name _____ % _____ Home phone _____ Work phone _____

Address _____ City _____ Zip _____

Signature of responsible party _____ Date _____

Name _____ % _____ Home phone _____ Work phone _____

Address _____ City _____ Zip _____

Signature of responsible party _____ Date _____