

APPLICATION

Lutheran High School - Parker

(Please print or type all information)

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Male _____ Female _____ Age ___ Date of Birth _____

Family Email Address _____

Social Security Number _____ Race/Ethnicity (optional) _____

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

Family Information:

Applicant lives with (check all that apply)

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

Check any that apply

____ 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) _____

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) _____

(Application continues on the back)

APPLICATION (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) _____

Brothers and Sisters

Name	M/F	Age	School

Religious Affiliation

Parish or Church Membership _____ City _____

Denomination _____ If Lutheran, what Synod? LCMS ELCA WELS

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

Baptized? _____ Yes ___ No Year _____

Applicant's Educational Background

Give the name of the last two schools attended, their complete address and phone number

Name	Address	Phone	Dates attended
_____	_____	_____	_____
_____	_____	_____	_____

Grade (s) repeated, if any _____ Reason _____

How did you learn about Lutheran High School? _____

Signature _____
Mother _____ Father _____

PLEASE RETURN APPLICATION TO –

Admissions Office
LHS – Parker
11249 Newlin Gulch Blvd.
Parker, CO 80134