

STUDENT APPLICATION FOR ADMISSION

Please fill out completely and print clearly.

CHRIST LUTHERAN HIGH SCHOOL

201 West Lincoln Street ~ PO Box 8
Buckley, Illinois 60918
Phone: 217-394-2547 Fax: 217-394-2097

STUDENT Entrance Grade 9 10 11 12 School Year _____

Full Legal Name _____ M _____ F _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Student Cell Phone _____ Student E-mail _____

School Last Attended/Currently Attending _____

Address _____ City _____ State _____ Zip _____

Student's Home Church _____ Pastor _____

Address _____ City _____ State _____ Zip _____

Baptized? Yes No Ethnic origin: American Indian Asian African American Hispanic Caucasian Other

Confirmed? Yes No

PARENT OR LEGAL GUARDIAN

Father/Step-Father (other _____) Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell or Work Phone _____ E-mail _____

Work Place _____ Occupation _____

Home Church _____

Mother/Step-Mother (other _____) Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell or Work Phone _____ E-mail _____

Work Place _____ Occupation _____

Home Church _____

**In the case of multiple parents or if more space is needed for Parent Information, please use the back of page 3 to complete.

If parents are separated or divorced, who is the custodial parent? _____

Christ Lutheran High School admits students of any race, color, sex, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. They do not discriminate on the basis of race, color, sex, national or ethnic origin in administration of their educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs. Christ Lutheran High School does discriminate in that only Christians or those willing to abide by the expectations of a Christ-centered community are welcome. The school also discriminates in that we believe we are teaching Christianity in all of our classes, and thus only allow Christians to teach at our school. In addition, whenever possible, we prefer that they be members of the Lutheran Church-Missouri Synod and graduates of the teacher's colleges operated by our church denomination.

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Please fill out completely and print clearly.

Has this student any physical disability?	Yes	No
Has this student ever been retained in a grade?	Yes	No
Has this student ever been promoted more than one grade?	Yes	No
Has this student any academic problems in school?	Yes	No
Has this student any learning disability?	Yes	No
Is this student currently suspended or expelled from another school?	Yes	No

If yes, please explain.

There are increasing numbers of blended and single parent families. Legal custody questions also arise for a number of students. In such situations, we need to know: with whom the student is living, who will make decisions for the student, who will be paying tuition, who is to receive the report cards, and who gets the general mailings.

If GUARDIANSHIP, name of Legal Guardian _____

Please answer questions below, or on a separate piece of paper (Confidential information should be written on a separate sheet and forwarded to the Principal):

1. Who will be responsible for tuition?
2. We will mail report cards and general school mailings to those listed above and also include them in the school directory. Is there anyone else who should be included?
3. Other information that will help us in ministering to this student.

Does your student have any diagnosed special needs or receive any special educational services?

If none, please write "NONE" _____

PARENTS STATEMENT OF INTENT

1. I/We desire a quality Christ-centered education for our child. We believe Christ Lutheran High School will provide this type of education. We understand that this secondary education includes a partnership between the parents and the school and will, therefore, include the teachers in our prayers, and seek to keep open lines of communication with school personnel.
2. I/We realize that the school periodically administers selected standardized tests. When such tests are given, we expect to hear from our child or the school about the nature of the test and its purpose. Unless we notify the school of our objection, we give the school permission to administer such achievement and interest tests to our child.
3. I/We have read the Parent-Student Handbook and intend to support the school's rules and will work to have our child accept and conform to school regulations. This includes classroom expectations, attendance practices, and disciplinary restrictions.
4. I/We understand that student records will not be released until all commitments to the school have been met. We understand that a student whose tuition becomes 90 days in arrears may not be allowed to continue as a student as long as the tuition is in arrears. Should the tuition account be turned over to a collection agency or an attorney for collection, then in such an event the person or persons responsible for payment of tuition agree to pay all collection costs, including attorney fees and court cost, (and interest at the statutory rate from the date due until paid in full) in addition to the amounts due to Christ Lutheran High School.
5. I/We understand that the school periodically uses audio and video devices to improve the educational program and to publicize the school, and grant our consent for our child to be so included. (Cross out if you do not wish this.)
6. I/We understand that the school expects students to attend church regularly.
7. I/We understand that all students are on a one quarter probationary period upon enrolling or re-enrolling at CLHS.
8. I/We understand that the Application Fee, which must accompany this application, is non-refundable.
9. I/We give Christ Lutheran High School permission to request records and student information from the previously attended school or like institution.

Date _____ Parent Signature _____

STUDENT'S STATEMENT OF INTENT

I wish to attend Christ Lutheran High School and receive a Christ-centered Education.
I will try my best in my classes and endeavor to obey school rules.

Date _____ Student Signature _____

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Please fill out completely and print clearly.

If PARENTS can't be reached please provide other Emergency Contacts

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Is your son/daughter currently on any medications? YES NO

If yes, please list. _____

Are there any medical concerns that we should be aware of? YES NO

If yes, please explain.

Is your son/daughter allergic to anything? YES NO

If yes, please list. _____

May we give Tylenol/Advil/Cough Drops/Antacid to your son/daughter if needed? YES NO

Insurance Company Name _____

Policy Number _____ Phone Number _____

Physician's Name _____

Hospital Preference _____

I understand that Christ Lutheran High School will attempt to contact those specified. I also understand that they will seek immediate assistance when the situation is judged by them to be an emergency. Anytime the above information must be changed, I will notify the office in writing.

Parent/Guardian Signature _____ Date _____

OTHER CHILDREN IN THE FAMILY

<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>SCHOOL</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

*Application Fee \$100.00 before May 1st
 \$200.00 after May 1st

Annual Tuition \$4020.00/year
 \$335.00/month

Tuition billing will be on a 12 month cycle beginning in June and ending in May.

Graduates MUST be paid in full on or before May 15th.

***Application Fee is Non-refundable.**

For Office use only.

Received ____/____/____

Admission Fee _____

Tuition _____