



APPLICATION FOR RE-ENROLLMENT

2010-2011

Please return application along with the fee to the front office.

\$100 until March 5, 2010
\$125 March 6-April 9, 2010
\$150 After April 9, 2010

NURTURING ACADEMIC EXCELLENCE
ENCOURAGING GROWTH IN CHRIST

(Please print or type information)

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 10 11 12

Please circle.

FAMILY INFORMATION

Applicant lives with (check all that apply)

Check any that apply

Father Stepfather Father is deceased Mother is deceased
Mother Stepmother Parents are separated Parents are divorced
Other, Relationship 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 2010-11 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 _____