

# NEW STUDENT APPLICATION

3500 West Washington, Springfield, IL 62711 • (217) 546-6363  
E-Mail: admissions@spiluhi.org  
Home Page: www.spiluhi.org

Office Use Only: Rec'd \_\_\_\_\_ Fee \_\_\_\_\_ # \_\_\_\_\_ / TRANSFER Abila \_\_\_\_\_

Please fill out completely and print clearly.

**STUDENT:** Entrance Grade 9 10 11 12 For School Year: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Birthdate \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ ZIP+ 4 \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

Ethnicity (circle one) Caucasian African American Asian Latino Other \_\_\_\_\_

Public School District in which you live \_\_\_\_\_

School Last Attended (currently attending) \_\_\_\_\_

Address \_\_\_\_\_ Principal \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ School Phone \_\_\_\_\_

Student's Home Church \_\_\_\_\_ City \_\_\_\_\_ Pastor \_\_\_\_\_

## PARENT OR GUARDIAN:

Father/Step-Father (Other \_\_\_\_\_) Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

Church Home \_\_\_\_\_ Occupation \_\_\_\_\_ Work Place \_\_\_\_\_

Mother/Step-Mother (Other \_\_\_\_\_) Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

Church Home \_\_\_\_\_ Occupation \_\_\_\_\_ Work Place \_\_\_\_\_

Student Living With \_\_\_\_\_ Is either parent a LuHi Spfld alumni? If so, which one? \_\_\_\_\_

*\*Email addresses will be used to create Teacher Ease accounts for students and parents.*

*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. Lutheran High does discriminate in that Christians or those willing to abide by the expectations of a Christ-centered community are welcome. The school also discriminates in we believe we are teaching Christianity in all of our classes, and thus only allow Christians to teach at our school.*

+++++++ PLEASE TURN OVER, SIGNATURE REQUIRED ON BACK +++++++

**PARENTS STATEMENT OF INTENT:**

1. I/We desire a quality Christ-centered education for our child. We believe 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 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 30 days in arrears may not be allowed to continue as a student as long as the tuition is in arrears. Should the tuition account (including the forfeited multi-student discount) 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 collection costs (35% of the outstanding balance), including attorney fees and court costs, [and interest at the statutory rate from the date due until paid in full] in addition to the tuition amounts due to Lutheran High School.
5. I/We understand that the school periodically uses audio, video, and pictorial 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 don't wish this).
6. I/We understand that the school expects students to attend church regularly.
7. I/We authorize the school to obtain the loan of textbooks through the State of Illinois (Public Act 82-469) for our son or daughter, if available.
8. We understand that all new students entering grades 10-12 and some entering grade 9 will be enrolled on a conditional basis.
9. I/We understand that the Application Fee, which must accompany this application, is non-refundable.
10. I/We understand that the Student Services Fee is normally non-refundable.
11. I/We give Lutheran High permission to request records and student information from the previously attended school or like institution.

Who is responsible for tuition payments? \_\_\_\_\_

All official, school mailings (report cards, interims, & general mailings) will be sent to both biological parents at the addresses given on the reverse side. Please indicate if there are any special considerations of which we should be made aware or if anyone else should receive school mailings \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

p The \$200 NON-REFUNDABLE APPLICATION FEE is enclosed. Fees are subject to change.

REFER-A-FRIEND PROGRAM – I was referred to LuHi by: \_\_\_\_\_  
\_\_\_\_\_

Please list any siblings attending 5<sup>th</sup> – 8<sup>th</sup> Grade during the upcoming school year. Please include the name of the school for each child.  
\_\_\_\_\_

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Revised 9/2019

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**(PLEASE PUT IN ATTACHED ENVELOPE MARKED "ATTENTION: PRINCIPAL")**

In order for the school to better minister to your student, we need to be aware of the following information:

NAME OF STUDENT: \_\_\_\_\_

Name(s) of legal guardian(s): \_\_\_\_\_

Does your student have any diagnosed special needs or have they had an IEP or 504 plan?

NO / YES (please circle one)

If yes, what grade were they in at the time of the last evaluation? \_\_\_\_\_

Have they ever been tested for special educational services? NO / YES (please circle one)

If yes, when? \_\_\_\_\_

Are there any health concerns? \_\_\_\_\_

Has your student ever been expelled from any previous school? NO / YES (please circle one)

If yes, for what reason & which school? \_\_\_\_\_

Any other information that would be beneficial for the principal to know?

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