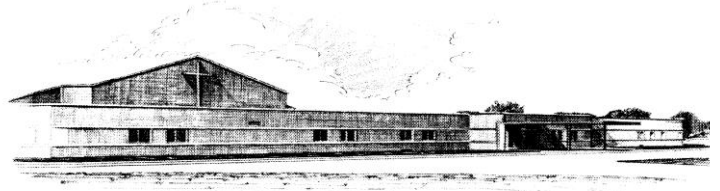


APPLICATION FOR ENROLLMENT

Michigan Lutheran High School

615 E. Marquette Woods Road
St. Joseph, Michigan 49085
Phone: (269) 429-7861
Fax: (269) 429-4428
www.michiganlutheran.org
principal@michiganlutheran.org



Date: _____

Name: _____
(last) (first) (middle)

Address: _____ **City:** _____ **ZIP:** _____

DOB: _____ **Home phone:** _____ **Cell:** _____ **Email:** _____

Gender: M ___ F ___ **Applicant lives with:** both parents ___ mother ___ father ___ guardian ___ **custody** _____

Church Affiliation of Applicant: _____
(name & location of your congregation)

Is student confirmed (or will be confirmed this spring)? Yes ___ No ___ **Is student baptized?** Yes ___ No ___

Father's Name: _____

Address if different: _____

Place of work: _____ **Work Phone:** _____ **Cell:** _____

Church Affiliation: _____ **Email:** _____

Mother's Name: _____

Address if different: _____

Place of work: _____ **Work Phone:** _____ **Cell:** _____

Church Affiliation: _____ **Email:** _____

Guardian's Name: _____

Address if different: _____ **Email:** _____

Place of work: _____ **Work Phone:** _____ **Cell:** _____

Church Affiliation: _____

**Preparing young adults for
lives of Christian Service**



Person to call if parents cannot be reached: _____ Phone () _____

Doctor to call if needed: _____ Doctor phone number () _____

Please list: Allergies _____ Current Medications _____ Asthma _____ Diabetes _____

First person to call in case of emergency: Name _____ Phone () _____

Please list any people that we **should not** release your child to during the school day: _____

I give Michigan Lutheran High School authorization to administer a dose of acetaminophen, or ibuprofen as needed to my child _____.

Please list schools previously attended (list most recent school first):

(name of school) (school district or city) (grades attended)

(name of school) (school district or city) (grades attended)

(name of school) (school district or city) (grades attended)

In what public school district do you currently live? _____

FOR PARENTS: Please state why you would like your son or daughter to attend Michigan Lutheran High School.

FOR APPLICANT: Please state why you would like to attend Michigan Lutheran High School.

Both signatures below mean that the applicant is placing himself/herself under the rules, regulations, discipline, and religious instruction as outlined in the Michigan Lutheran High School Student Handbook and agrees that no transcript of credits, report cards or diploma will be given out unless all tuition and fees are paid and up to date.

Signature of parent or guardian: _____ Date: _____

Signature of applicant: _____ Date: _____

Upon receipt of this application, Michigan Lutheran High School will seek additional information from schools formerly attended including recommendations and transfer of records. According to the Final Regulations – Family Educational Rights and Privacy Act Buckley Amendment, it is not necessary to obtain written consent to release records between schools. This information can be found in the Federal Register, Vol. 41, No. 118, dated June 17, 1976.

MISSION STATEMENT
Christ-Centered learning for Christ-Centered living

