



Admissions Procedure for Enrollment 2018-2019

Step One: Student Enrollment Packet compiled

- Parent completes these forms:
 - Enrollment Application
 - Parent Questionnaire
 - Student Questionnaire
 - Tuition & Fees Schedule
 - Non-refundable Registration Fee
 - Early registration fee is \$300.00. Deadline is April 16, 2018.
 - Registration fee after April 16, 2018 is \$450.00 until August 1, 2018.
 - Registration fee after August 1, 2018 is \$550.00.
 - **Note: You will be informed of the amount of tuition assistance provided before the early bird registration fee deadline because the TADS deadline (Tuition Assistance) is February 28, 2018.**
- Lutheran High receives copies of following forms from child's current school:
 - Latest achievement scores
 - Principal/Teacher recommendation form from SALSA schools (for class selections)
- Student is considered an applicant when Step One is complete.

Step Two: Student Enrollment Packet reviewed by Admissions Committee

- Reviews all paperwork.
- Contacts previous school/teachers.
- Possibly interviews parent and prospective student.

Step Three: Enrollment Determination

- Executive Director makes final decision of acceptance or denial.
- Acceptance or Denial letter sent to applicant's family.

Step Four: Scheduling and Meetings – January and August 2018

- Preliminary Student Course Selection is sent to each student in early January. Completed form should be returned to LHS on registration nights **Jan. 30 & Feb. 1, 2018** (students can still register any time after this date by appointment only). **Early Bird Registration fee may be paid on Registration night or before April 16, 2018.**
- *Note: Students who wish to register after February 1 should contact the office (920-452-3323) to set up an appointment.*
- Preliminary Schedule is developed by Academic Guidance Counselor.
- Freshmen Orientation held in late August.



Application For Enrollment - Sheboygan Area Lutheran High School

* PLEASE PRINT ALL INFORMATION AND COMPLETE ***BOTH*** SIDES OF THE PAGE. *

STUDENT INFORMATION

School Year _____

(ADDRESS TO WHERE ALL INFORMATION IS TO BE SENT)

Name: _____ / _____ / _____ Grade Entering: _____
(Last) (First) (Middle)

Street: _____ City/State: _____ ZIP: _____

Home Phone: (____) _____ Student Cell #: (____) _____ Gender: Male Female

Date of Birth: ____/____/____ Ethnic Origin: Caucasian African Amer. Asian Hispanic Native Amer. Other

School District Where Student Resides: _____

Last School Attended: _____

Church: _____ City: _____

Include in School Directory (Circle all applicable): Yes-All Info. Do Not List Address Do Not List Home Phone # Do Not List Email

PARENT / GUARDIAN INFORMATION

Father: Name (Last) _____ / (First) _____ Home Phone (____) _____

Cell Phone: (____) _____ E-mail: _____

Employer/Occupation: _____

Business Phone: (____) _____ Church Membership: _____

Mother: Name (Last) _____ / (First) _____ Home Phone (____) _____

Cell Phone: (____) _____ E-mail: _____

Employer/Occupation: _____

Business Phone: (____) _____ Church Membership: _____

Parents' Marital Status: Married Single Widowed Divorced* Separated* (* Complete section below)

* With Whom Does Student Reside / Relationship: _____

* Physical Custody Arrangements? _____

* Describe Legal Custody Arrangements (If applicable, Attach Necessary Documents) _____

* Second Parent Mailing (If necessary) Address: _____

City/St: _____ ZIP _____

STUDENT MEDICAL AND EMERGENCY CONTACT INFORMATION

Medical Problems or Allergies: _____

Current Medications: _____

Family Doctor: _____ Phone: _____ Clinic/Hospital: _____

Emergency contact people (other than parents):

(1) Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

(2) Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Primary Insurance: _____ Group #: _____ Policy #: _____

Consent & Authorization to treat: In the event of an EMERGENCY, I/we _____

the parent(s)/legal guardian of _____ hereby authorize & consent to medical treatment and transport of my/our child. I/we agree to assume any and all costs involved.

Parent/Guardian Signature: _____ **Date:** _____

ACADEMIC BACKGROUND INFORMATION:

Does your son/daughter have an identified learning difference or special needs? ___ Yes (In the Past) ___ Yes (Currently) ___ No

If you answered yes, please briefly explain your answer on the Parent Questionnaire, Question #6 _____

Does your son/daughter have an IEP (Individual Education Plan)? ___ Yes ___ No If yes, at which school? _____

GRANDPARENT INFORMATION:

(1) Names: _____ Phone: (____) _____

Address: _____

City/St: _____ ZIP _____ Email: _____

(2) Names: _____ Phone: (____) _____

Address: _____

City/St: _____ ZIP _____ Email: _____

YOUNGER SIBLING INFORMATION:

Please list the name, grade and school of all younger siblings in your household: _____

PLEASE READ THE FOLLOWING STATEMENTS AND INITIAL:

CHRISTIAN EDUCATION

We agree to support and cooperate with Sheboygan Area Lutheran High School in its program of Christian Education.

Initial ___ / ___
(Parent/Student)

SCHOOL POLICIES

We will abide by all policies, rules, and regulations, striving to be a supportive part of the Christian Community of students and Teachers as we work together in God's name.

Initial ___ / ___
(Parent/Student)

PARENT INTERNET RELEASE

As the parent or guardian of this student, I have read the Technology Acceptable Use policy (See Parent/Student handbook). I understand that any violation of this policy is unethical and may constitute a criminal offense. I have personally discussed the agreement with my son/daughter and have made them aware of the conditions and consequences of its use/misuse. I understand that it is impossible for LHS administrators, faculty and staff to monitor or restrict access to all controversial materials when students are given access to the Internet. I hereby release LHS, its operators, and any institutions with which it is affiliated from any and all claims and damages of any nature which may arise from my son/daughter's use, or inability to use this access. This approval will remain in effect during the school year unless cancellation is submitted in writing by the parent/guardian or cancelled by the administrator.

Initial ___
(Parent Only)

STUDENT INTERNET AGREEMENT

As a student, I have read the Technology Acceptable Use policy (See Parent/Student handbook) and agree to follow this agreement completely. I will not access forbidden information and I will not try to change or modify any computer setups or programs belonging to LHS or any other facility. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken. I also understand that general student guidelines always apply.

Initial ___
(Student Only)

PUBLICITY RELEASE

I hereby grant permission for any photographs or publicity involving my child while a student at Sheboygan Area Lutheran High School to be used in connection with publicity of Sheboygan Area Lutheran High School.

Initial ___
(Parent Only)

I HAVE READ THIS APPLICATION FOR ENROLLMENT, INCLUDING THE ABOVE STATEMENTS:

Father's Signature: _____ Mother's Signature: _____

Student's Signature: _____ Date: _____

(If child is under joint legal custody, both parents must sign above)

NON-DISCRIMINATION POLICY - Lutheran High School of Sheboygan, WI admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to the students of the school. It does not discriminate on the basis of race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to the students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

LUTHERAN HIGH SCHOOL - PARENT QUESTIONNAIRE

Parent/Guardian _____

Date _____

1. Briefly explain why you want your child to attend Lutheran High School.

2. Are you actively involved in church? If yes, please list the name of the church and the name of the pastor(s).

3. Describe your area of interest and/or involvement in your church.

4. What are your child's academic strengths? Weaknesses?

5. Did you select LHS for your child or did you leave that decision to your child?

6. Does your child have any known differences/difficulties diagnosed or a current IEP? If yes, explain.

7. Has your child received any counseling in the past two years? If yes, please explain.

8. Should the school be aware of any medication your child is currently taking? If yes, please explain.

9. Describe your child's special interests, talents, and abilities.

(Continued on back side)

10. Has your child ever experienced any social or behavior problems in school? If yes, please explain.
11. Has your child ever been suspended, expelled, or asked to withdraw from a school? If so, please give full particulars on a separate sheet of paper, including the principal's name, along with the name and address of the school.
12. Has your child, to your knowledge, ever experimented with or does he/she have a history of alcohol or any other type of drug use? If yes, please explain.
13. Has your child ever been in any type of trouble with law enforcement officials? If so, please explain.
14. What is the marital relationship in your house?
 Parents are: • married and living together • separated • divorced
 • one parent deceased • child living with natural parent and step parent
15. If parents are divorced or separated who has legal custody of the child? _____
 Who has physical custody? _____
 Please outline visitation rights in cases of emergency.
16. All mailings will be sent to the student's primary address. If duplicate mailings are required, please indicate the name and address of the person to whom it should be sent.
17. If you have any further information which may assist us in the guidance of your child at Lutheran High School, please indicate below.

LHS would like to invite all elementary-level students to LHS events, summer camps, and Jr. Crusader activities. Please list younger children in your household so we can ensure they are on our mailing list.

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Tuition & Fees Schedule

		Please circle all that apply to your family's situation	
Graduation Fee	\$90	Yes	\$90 per child
For senior students only			
Lutheran Study Bible	\$48	Yes	Handed out in Theology class if needed
For Freshmen and transfer students			
Writer's Inc. Book	\$50	Yes	Handed out in Freshman English Class
For Freshman English forward			
Tuition Payment Plan		Annual	Full payment of yearly tuition is payable on or before August 15th.
		Semester	Payment of tuition twice per year. The two payments are due on August 15th and January 15th
		12 month	Automatic withdrawal required. Payments are withdrawn on the 20th of each month, beginning in July.
		Pre-paid Tuition	Full payment has been made prior to this time.

Automatic withdrawal can be set up through the LHS Business Office. The ACH authorization form will require your bank information.

Registration fees and tuition payments can be made with a credit card, but include a 3.5% service fee per transaction.

Overdue Tuition and Fees Policy:

1. An account is overdue if payment is not received by the 25th day of the month. A \$30.00 late fee will be added after the 25th.
2. When an account is 30 days overdue, a reminder will be mailed to the home, and a \$30.00 per month service charge will be added.
3. When an account is 60 days overdue, another notice will be mailed to the home. An additional \$50 late fee will be applied.
4. When an account is 91 days overdue, the student will be excluded from classes. A final notice may be sent indicating that the account will be turned over to a collection agency. A fee of 25% of the total outstanding account will be added when sent to collections.
5. Any bank returned item will result in a \$30 fee.

Please sign and return this form to the LHS Business Office.

(If joint legal custody, please make sure both parents/guardians sign a financial agreement form. If one parent/guardian backs out of their agreement, the other will be responsible for the full tuition cost of the child).

Signature _____ Relationship _____ Date _____

Signature _____ Relationship _____ Date _____