

LHS Admissions Procedure for Enrollment 2024-2025

STEP ONE: Student Enrollment Packet is distributed.

- **Parent** completes the following items:
 - Enrollment Application
 - Parent Questionnaire
 - Non-refundable Registration Fee
 - Early bird: \$300 if paid by April 30
 - \$450 if paid between May 1 and July 31
 - \$550 if paid after July 31
 - **Note: Since the TADS (tuition assistance) deadline is March 18, you will receive information about your tuition assistance award before the early bird registration fee deadline expires.**
- **Student** completes this form:
 - Student Questionnaire
- Lutheran High receives copies of the following forms from child's current school:
 - Latest achievement scores
 - Principal/teacher recommendation form for class selections
- Parent returns all forms and registration fee to LHS Office. Please note you may bring these when registering for classes (Step Four). The student is considered an applicant when Step One is complete.

STEP TWO: Student Enrollment Packet is reviewed by Admissions Committee

- Paperwork is reviewed.
- Previous school/teachers are contacted.
- Possible interviews with parent and prospective student are requested.

STEP THREE: Enrollment Determination

- The Executive Director makes the final decision of acceptance or denial.
- An acceptance or denial letter is sent to the applicant's family.

STEP FOUR: Scheduling and Meetings

- *Note: Appointments to schedule classes in late January and early February will be available soon via SignUp Genius. Visit www.lutheranhigh.com/enroll for the link and details.*
- Submit forms and registration fee to the LHS office any time, or bring them along when scheduling classes.
- The class schedule will be mailed out with back-to-school packets in mid-July.
- Freshmen orientation is held in mid-August.

Application For Enrollment - Sheboygan Area Lutheran High School

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

STUDENT INFORMATION

SCHOOL YEAR _____

(Including primary mailing address)

Name: _____ / _____ / _____ Grade Entering: _____

(Last)

(First)

(Middle)

Street: _____ City/State: _____ ZIP: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female Student Cell #: _____ Home #: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian /Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White

School District Where Student Resides: _____

Last School Attended: _____

Church Membership: _____

PARENT / GUARDIAN INFORMATION

Father: Name (Last) _____ / (First) _____ Cell #: _____

E-mail: _____ Home #: _____

Employer/Occupation: _____ Work #: _____

Church Membership: _____

Mother: Name (Last) _____ / (First) _____ Cell #: _____

E-mail: _____ Home #: _____

Employer/Occupation: _____ Work #: _____

Church Membership: _____

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

* With Whom Does Student Reside / Relationship to Student: _____

* Physical Custody Arrangements: _____

* Describe Legal Custody Arrangements (If applicable, attach necessary documents): _____

* Second Parent Mailing Address: _____

City/St: _____ ZIP _____

STUDENT MEDICAL, EMERGENCY CONTACT INFORMATION & CONSENT FOR EMERGENCY TREATMENT

Medical Problems or Allergies: _____

Current Medications: _____

Family Doctor: _____ Preferred Hospital: _____

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

Emergency Contact People (other than parents):

(1) Name: _____ Relationship: _____

Cell #: _____ Work #: _____ Home #: _____

(2) Name: _____ Relationship: _____

Cell #: _____ Work #: _____ Home #: _____

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 child have an identified learning disability or special need? Yes (Currently) Yes (Past) No

If "Yes (Currently)", please explain briefly: _____

Does your child have an IEP (Individual Education Plan), 504 or Plan of Service? Yes No

Has your child received professional counseling in the last year? Yes No

If "Yes", please share anything we should be aware of as a school : _____

GRANDPARENT CONTACT INFORMATION:

(1) Names: _____

Address: _____

City/St: _____ ZIP _____ Email: _____

(2) Names: _____

Address: _____

City/St: _____ ZIP _____ Email: _____

(3) Names: _____

Address: _____

City/St: _____ ZIP _____ Email: _____

(4) Names: _____

Address: _____

City/St: _____ ZIP _____ Email: _____

YOUNGER SIBLING INFORMATION:

Please list the name, grade, and school of younger sibling(s) in your household: _____

SCHOOL DIRECTORY INFORMATION:

Information you would like included in the LHS family directory (**Circle all applicable**):

- All Information Included Do Not List Address Do Not List Cell # Do Not List Email

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: Yes No

FINANCIAL INFORMATION:

I intend to request tuition assistance/scholarship. (TADS application must be completed January 1 – March 18.)

Yes No

I intend to apply for a Wisconsin Parental Choice Program (WPCP) voucher. (WPCP application must be completed February 1 – April 18).

Yes No

I intend to earn a \$200 tuition credit by volunteering 8 hours at Neat Repeats Thrift Shop (volunteer can be a parent, guardian, or grandparent).

Yes No

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

(*Note: 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

This is for our School Counselor's use and is not shared.

Parent/Guardian _____

Date _____

Child's Name _____

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, Plan of Service, or 504 Plan? 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.

Parent Questionnaire (continued)

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 stepparent
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.

If duplicate mailings are required, please indicate the name and address of the person to whom a second should be sent.
16. If you have any further information which may assist us in the guidance of your child at Lutheran High School, please indicate below.
17. LHS would like to invite all elementary level students to LHS events, summer camps, and Jr. Crusader activities. Please list other siblings so we can ensure they are on our mailing list.

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

LUTHERAN HIGH SCHOOL – INCOMING STUDENT QUESTIONNAIRE

This is for our School Counselor's use and is not shared.

Print Full Name: _____
 (First) (Middle) (Last)

1. How did you learn about Lutheran High School?

2. Do you have any friends or relatives currently attending Lutheran High School? If yes, please list names.

3. Did you choose to attend LHS or did your parents choose LHS for you?

4. To what are you most looking forward at LHS?

5. Which academic subjects are:
 - a) Of greatest interest to you? _____
 - b) Of least interest to you? _____

6. Do you have any learning differences/difficulties or special needs? If yes, please explain.

7. What is your favorite aspect of school?

8. What is your least favorite aspect of school?

9. Have you ever experienced any social or behavior problems in school? If yes, please explain.