

LHS Admissions Procedure for Enrollment 2023-2024

Step One: Student Enrollment Packet mailed.

- 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 30.
 - Registration fee after April 30 is \$450.00 until July 31.
 - Registration fee after July 31 is \$550.00.
 - **Note: Since the TADS deadline (Tuition Assistance) is March 18, you will receive information about your tuition assistance allotment before the early bird registration fee deadline expires.**
- Lutheran High receives copies of 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 (Note: May bring along when registering for classes - Step Four). 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.
- Possible interviews with 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

- *Note: Appointments to schedule classes will be available via Signup Genius in late January and early February. Visit www.lutheranhigh.com for the link and full details.*
- Forms and registration fee should be brought along when scheduling classes; unless already submitted to LHS Office.
- Schedule mailed out with Back-to-School packet in mid-July.
- Freshmen Orientation 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 all younger siblings in your household: _____

SCHOOL DIRECTORY INFORMATION:

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

Yes-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

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.

LHS 2023-2024 Tuition & Fees Schedule

Parent(s) Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Church Membership: _____

List student(s) enrolled at LHS for 2023-2024:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Please check **ALL** that apply to your family's situation:

Tuition per student:

Association Member (\$8,320) **OR** Community Member (\$9,970)

Wisconsin Parental Choice Voucher Program:

Will/have applied between February – April **OR** Will NOT apply

Request for scholarship/tuition assistance (January 1 – March 18):

Yes* **OR** No

*To receive any scholarships or tuition assistance, a TADS application must be filed online by March 18.

* NOTE: You will be informed of the amount of tuition assistance provided to you before April 18.

Annual registration fee**:

\$300 (if paid by April 30) **OR** \$450 (if paid May 1-July 31) **OR** \$550 (if paid after July 1)

** If awarded a WPCV program voucher, registration fee is \$0.

Tuition credit:

Each family can receive up to \$200 in tuition credit per student by serving 8 hours at Lutheran High's Neat Repeats thrift store (July 1-June 30). The volunteer must be a parent, guardian or grandparent in order to receive tuition credit. Do you intend to take advantage of this?

Yes **OR** No

Multi-student discount:

\$500 discount applied per additional student at LHS after first child's tuition is paid.

Yes **OR** No

Tuition payment plan: Tuition payment options are available. Full payment is due on or before August 15th. Semester payments are due on August 15th and January 15th. Monthly payments require automatic withdrawal on the 20th of each month.

Please continue on reverse side.

Automatic withdrawal can be set up through the LHS business office. The ACH authorization form will accompany your first billing statement (late April / early May).

Registration fees and tuition payments can be made with a credit card but include a 3.95% service fee per transaction.

Please sign and return this form to the LHS office.

Signature

Relationship

Date

Signature

Relationship

Date