FAITH LUTHERAN HIGH SCHOOL
APPLICATION

Date: ___/___/___

Grade level (circle one) 9 10 11 12 Sex: ___ Male ___ Female

Student's Name: _____
Last First Middle

Address: _____ City:_____ Zip Code: _____

Parents/Guardians Names: _____

Home Phone: _____ Parent Cell Phone: _____

Parent Email Address: _____

Church Membership: _____ _____
Name of Church City Pastor's Name

Current School: _____ _____
City/State

Grade Level:_____ GPA: _____

Teacher/Administrator References:

1) _____ _____ _____
Name Position Phone Number

Other References:

1) _____ _____ _____
Name Relationship to Student Phone Number

2) _____ _____ _____
Name Relationship to Student Phone Number

Does your child have an IEP? _____

Any special considerations needed in classroom? _____

Has student ever been suspended or expelled from school? _____

Last math class taken: _____ Last science class taken: _____

How did you hear about Faith Lutheran High School? _____

Do you know any other families who might be interested in FLHS? _____
If so, may we use your name as a reference? _____