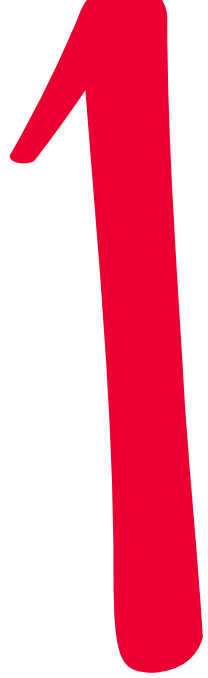


Long Island Lutheran

MIDDLE & HIGH SCHOOL



Application for Admission

For Office Use Only:

Fee Received _____

Check # _____

Amount _____

Deposit Rec'd _____

Check # _____

Amount _____

Student # _____

Family # _____

Please print all information. Incomplete applications cannot be processed.

Date of Application _____ Entering Grade _____

Personal Information

Applicant's Name _____ Preferred Name or Nickname _____
Last First Middle

Age _____ Date of Birth _____ Sex M F Student's Social Security # _____
Required for Student ID

Address _____ District _____
Street City Zip

Home Phone Number _____ Indicate if unpublished Family e-mail address _____
(Area Code)

Has applicant applied to Long Island Lutheran Middle & High School before? Yes No If yes, when? _____
Month/Year

Father's Name _____ Mother's Name _____

Business/Firm _____ Business/Firm _____

Occupation and Title _____ Occupation and Title _____

Business Phone _____ Business Phone _____
(Area Code) (Area Code)

Cell Phone _____ Cell Phone _____
(Area Code) (Area Code)

College Attended _____ College Attended _____

Graduate School Attended _____ Graduate School Attended _____

Student resides with: Mother/Father Mother Father Stepparent Grandparent(s) Other (please specify)

If you require a second mailing of report card and/or tuition billing, etc., please specify to whom and the address:

Name _____ Relationship to Student _____ Address _____

Please provide the following information about additional children in your family, and indicate if/when they will apply for future admission to Long Island Lutheran.

Name _____ Date of Birth _____ Current School and Grade _____ Grade will apply for LuHi _____

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Name _____ Date of Birth _____ Current School and Grade _____ Grade will apply for LuHi _____

Relatives who currently attend or have graduated from Long Island Lutheran and their relationship to the applicant:

Name of Present School Attending _____

School Address _____

Current Grade _____ Years Attended _____ School Phone _____ Fax _____
(Area Code) (Area Code)

Name of Former School _____

Address _____ Phone _____
(Area Code)

Please Tell Us About Your Child

What special qualities does your child possess? _____

What are your child's special needs? _____

What are your child's strengths academically? _____

What are your child's weaknesses academically? _____

Has your child had any social or behavioral problems at school? Yes No

If so, please indicate _____

Please indicate any information about any counseling your child has received in the past two years.

Does your child have a learning disability or special educational, health, or physical need? Yes No

If yes, a copy of the IEP (or 504) and all related evaluations must accompany this application.

At Long Island Lutheran your child will be expected to attend religious courses and weekly chapel. How do you and your child feel about this? _____

How many times was your child absent from school during the past twelve months? _____

Please list any medications your child will require during the school day or on overnight trips/retreats. _____

What else should we know about your child? _____

Church Information

Name of Church Affiliation _____

Address _____

If your family is a member of a Lutheran Association Church, this application must be signed by your Pastor in order to receive the Association Tuition Rate.

_____ is a member in good standing at _____
Name of Applicant Name of Church

and is eligible to receive the Association Tuition Rate.

Name of Pastor _____
Please Print Pastor's Signature

Application/Testing Fee

An application/testing fee of \$100 must accompany this application. *The application/testing fee is non-refundable.* Please make checks payable to Lutheran High School Association.

Photo Publicity Release

In consideration of the gifts of others, I hereby grant permission for any photographs or publicity involving my child while a student at Long Island Lutheran Middle & High School to be used in connection with publicity of Lutheran High School Association of Nassau and Suffolk Counties.

Student's Signature _____ Our Community Newspaper is _____

Father's Signature _____ Mother's Signature _____

A positive and constructive working relationship between Long Island Lutheran Middle & High School and a student's parents/guardian is essential to the fulfillment of LuHi's educational purpose. Thus, Long Island Lutheran reserves the right not to extend the privilege of enrollment/re-enrollment to a student if Long Island Lutheran concludes that the actions of the parent(s)/guardian(s) make such a positive and constructive relationship impossible or otherwise seriously interfere with Long Island Lutheran's accomplishment of its educational purpose. Long Island Lutheran also reserves the right to not extend the privilege of enrollment/re-enrollment if all information on the application is not truthful. Grade/classroom placement is determined by Long Island Lutheran and does not constitute a part of this contract or its subsequent renewals. Such placement is governed by Long Island Lutheran administered tests and the School Handbook. Any conduct by a student which is in violation of the Student Handbook and which LuHi administration considers detrimental to the student or to other students of Long Island Lutheran, may be deemed adequate cause for appropriate disciplinary action, including suspension or dismissal. NO TRANSCRIPTS WILL BE RELEASED UNLESS ALL TUITION OBLIGATIONS ARE SATISFIED FOR THIS CURRENT SCHOOL YEAR. Long Island Lutheran Middle & High School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.