

# Calvary

Lutheran High School



Please Attach  
Current Photo  
of the Student  
Here

## Application for Admission

2525 Route B  
Jefferson City, MO 65101  
Phone: (573) 638-0228  
Fax: (573) 638-2448  
administrator@calvarylhs.org  
www.calvarylhs.org

### FOR OFFICE USE ONLY

Starting date: \_\_\_\_\_  
Date registered: \_\_\_\_\_  
\$ \_\_\_\_\_ Check # \_\_\_\_\_  
\$ \_\_\_\_\_ Cash Receipt # \_\_\_\_\_

**Student Information** Applicant for admission to:  Grade 9  Grade 10  Grade 11  Grade 12

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Student phone #: \_\_\_\_\_

\_\_\_\_\_ Student cell phone #: \_\_\_\_\_

City: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current school name: \_\_\_\_\_ Current school phone: \_\_\_\_\_

Current school address: \_\_\_\_\_ Grades attended: \_\_\_\_\_

Previous school: \_\_\_\_\_ City: \_\_\_\_\_ Grades attended: \_\_\_\_\_

Public School District in which you live:  
\_\_\_\_\_

### FAMILY CHURCH MEMBERSHIP INFORMATION

Name of Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

Pastor: \_\_\_\_\_

Is student baptized?  
 Yes  No

Baptism Date: \_\_\_\_\_

Is student confirmed?  
 Yes  No

### ETHNIC ORIGIN:

- African-American
- Asian-American
- Caucasian
- East Indian
- Middle Easterner
- Native American
- Hispanic/Latino
- Other: \_\_\_\_\_

Is a language other than  
English spoken at home?

Yes  No

If yes,  Occasionally  
 Often

If yes, what language?

### LEGAL CUSTODY:

Indicate who has legal custody of this student if they differ from the adults with whom the student resides.

Name	Relation to Student
_____	_____
_____	_____

Indicate specific individuals restrict from access to student information:

Name	Relation to Student
_____	_____
_____	_____

**Please provide a copy of any applicable court-ordered custody documents.**

### Notice of Non-Discrimination Policy

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

### Mission Statement:

By the grace of our Lord, Jesus Christ, Calvary Lutheran High School is building a lifelong network of young adults centered on spiritual growth, fellowship, stewardship, and learning.

## Family #1 (with whom student lives)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father  Stepfather  Other: \_\_\_\_\_  Mother  Stepmother  Other: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Responsible for:  school related decisions  
 school communications  
 financial bills

Responsible for:  school related decisions  
 school communications  
 financial bills

## Family #2 (non-resident parent or other relative)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father  Stepfather  Other: \_\_\_\_\_  Mother  Stepmother  Other: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## Contractual Agreement *(must be signed by ALL individuals listed above who are responsible for school related decisions AND/OR financial bills)*

We the undersigned:

- I. As a parent/guardian, I agree to support and cooperate with Calvary Lutheran High School and abide by all of its policies, rules, and regulations as outlined in the student handbook. I will strive to be a supportive part of the Christian community of students, teachers, and families as we work together in God's name.
- II. Agree to fulfill all financial obligations
  - A. Tuition and fees will be paid as due by the 10th of each month (Aug-May). Students with tuition which is past due may be withheld from class until payments are current.
  - B. Student's grades, credits, and transcripts may not be issued or released until all applicable tuition and fees are paid.
  - C. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

This completed form should be submitted to Calvary Lutheran High School along with a registration fee of \$100. The registration fee will be applied toward your student's tuition.