

# Calvary

LUTHERAN HIGH SCHOOL



## Application for Admission

PLEASE ATTACH  
CURRENT PHOTO  
OF APPLICANT HERE

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 academic year: \_\_\_\_\_  
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:  
\_\_\_\_\_

**ETHNIC ORIGIN:**

- African-American  
 Asian-American  
 Caucasian  
 Hispanic/Latino  
 Other: \_\_\_\_\_

**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
_____	_____
_____	_____

**FAMILY CHURCH MEMBERSHIP INFORMATION**

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

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

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

Is student baptized?

Yes  No

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

Is student confirmed?

Yes  No

Is a language other than English spoken at home?

Yes  No

If yes,  Occasionally

Often

If yes, what language?

Indicate specific individuals restricted 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 of 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:**

Calvary Lutheran High School is a relational Christian community engaging the world as servant leaders by partnering with families at the intersection of education and faith development.

## 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: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Responsible for:  school related decisions  
 school communications  
 financial bills

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## 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: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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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 withdrawal or dismissal occurs.

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

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

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

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

This completed form should be submitted to Calvary Lutheran High School along with a \$100 registration fee and a deposit of \$100 towards tuition. Registration fee and deposit are non-refundable.

*Building Christian Leaders*