

Lutheran High Northeast

Application for Admission

P: (402) 379-3040 F: (402) 379-8340 www.LHNE.org info@LHNE.org 2010 N 37th ST Norfolk, NE 68701

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

First Name: _____ Middle: _____ Last: _____

Preferred Name: _____ Date of Birth: _____ Male Female

Address: _____ City: _____ Zip: _____

Student Cell Phone: _____ Student Email: _____

Ethnic Origin: African-American Asian-American Caucasian Hispanic/Latino Other _____

Current School Name: _____ City: _____ State: _____

Grades Attended: _____ Other Previous Schools: _____

Student/Family is not a member of a church at this time

Church Membership: _____ City: _____

Pastor's Name: _____ Baptized? Yes No Confirmed?: Yes No Not Yet

Additional Siblings (please list oldest to youngest)

First Name: _____ Last: _____ Male Female

Grade for 2019-2020: Infant Preschool K 1 2 3 4 5 6 7 8

First Name: _____ Last: _____ Male Female

Grade for 2019-2020: Infant Preschool K 1 2 3 4 5 6 7 8

First Name: _____ Last: _____ Male Female

Grade for 2019-2020: Infant Preschool K 1 2 3 4 5 6 7 8

First Name: _____ Last: _____ Male Female

Grade for 2019-2020: Infant Preschool K 1 2 3 4 5 6 7 8

Notice of Non-Discrimination Policy: Lutheran High Northeast 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, financial aid program, and athletic and other school-administered programs.

Educating for Life † Proclaiming the Faith
Christ-Centered - Service-Minded - Continual Growth - Devoted to Students

Family #1 (with whom student lives)

Home Address: same as student _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Father Step-Father Other _____

Mother Step-Mother Other _____

Title: _____ First Name: _____ M.I. _____

Title: _____ First Name: _____ M.I. _____

Last Name: _____

Last Name: _____

Employer: _____

Employer: _____

Work Phone: _____ Cell: _____

Work Phone: _____ Cell: _____

Email: _____

Email: _____

Responsible for: School-related decisions
 School Communications
 Financial Bills

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Family #2 (if needed - non-residing parent or other relative)

Home Address: same as student _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Father Step-Father Other _____

Mother Step-Mother Other _____

Title: _____ First Name: _____ M.I. _____

Title: _____ First Name: _____ M.I. _____

Last Name: _____

Last Name: _____

Employer: _____

Employer: _____

Work Phone: _____ Cell: _____

Work Phone: _____ Cell: _____

Email: _____

Email: _____

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Contractual Agreement

We, as parents, desire a quality, Christ-centered secondary education for our child. We understand that education includes a partnership between the parents and school, and we will strive to be a supportive part of the Christian community of students, teachers, and families as we work together in God's name. My signature below signifies that I understand that photographs of applicant may be used for publicity of LHNE, and I give permission to include our family information in the LHNE directory.

Signature Date

Signature Date

FOR OFFICE USE ONLY
Starting academic year: _____
Date Registered: _____
\$ _____ Check# _____