



FAITH LUTHERAN JR./ SR. HIGH SCHOOL
2015 Hualapai Way Las Vegas, NV 89117 (702) 804-4400
2010 - 2011 New Student Application
FOR GRADE _____

STUDENT INFORMATION		Gender (please circle) M - F	STUDENT SOCIAL SECURITY # _____
NAME _____ / _____ / _____		(LAST)	(FIRST) (MIDDLE)
STREET _____		CITY _____	ZIP _____
PHONE _____	FOR STUDENT DIRECTORY/CARPOOLS: <input type="checkbox"/> DO NOT PUBLISH <input type="checkbox"/> OK TO PUBLISH		
DATE OF BIRTH _____	DOCTOR _____	PHONE # _____	
SCHOOL LAST ATTENDED _____		PHONE # _____	
ADDRESS IF OUTSIDE OF CLARK COUNTY _____			
EMERGENCY CONTACT OTHER THAN PARENTS			
NAME _____	RELATION _____	PHONE # _____	
NAME _____	RELATION _____	PHONE # _____	
CHURCH STUDENT ATTENDS _____			
ETHNIC ORIGIN	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> CAUCASIAN
	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> DECLINE TO ANSWER

PARENT/GUARDIAN INFORMATION	
FATHER _____	HOME PHONE IF DIFFERENT THAN STUDENT _____
ADDRESS IF DIFFERENT FROM STUDENT _____	
CELL NUMBER _____	E-MAIL ADDRESS _____
	TO BE USED FOR BILLING, REPORT CARDS, NEWSLETTERS, ETC.
OCCUPATION/TITLE _____	FIRM _____
BUSINESS PHONE _____	
MOTHER _____	HOME PHONE IF DIFFERENT FROM STUDENT _____
ADDRESS IF DIFFERENT FROM STUDENT _____	
CELL NUMBER _____	E-MAIL ADDRESS _____
	TO BE USED FOR BILLING, REPORT CARDS, NEWSLETTERS, ETC.
OCCUPATION/TITLE _____	FIRM _____
BUSINESS PHONE _____	
PARENTS LIVE TOGETHER <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" DUPLICATE REPORT CARDS, NEWSLETTERS, ETC. SHOULD BE SENT TO <input type="checkbox"/> MOM <input type="checkbox"/> DAD	

Faith Lutheran Jr./Sr. High School admits students of any race, religious preference, color, gender, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded, or made available to, students at the school. It does not discriminate on origin in administration of its educational policies or other school administered programs.

PLEASE READ THE FOLLOWING STATEMENTS AND ACKNOWLEDGE IN THE APPROPRIATE SPACES. PLEASE SIGN THE FORM BELOW.

SCHOOL POLICIES: I/We submit this enrollment application, agreeing to the fees and policies of Faith Lutheran. Admission may be withdrawn at any time if information provided in the application, other admission documents, or interviews are not complete and accurate.

Parent	Student
_____ Initial	_____ Initial
_____ Initial	

FINANCIAL POLICIES: I/We understand registration fees are non-refundable. The school may hold records, including report cards and transcripts, if tuition or other school related bills are not fully paid.

INTERNET RELEASE: I/We understand that at times our student may have access to the internet. We also understand that it is impossible for Faith's administrators, faculty and staff to monitor or restrict access to all controversial materials when students are given access to the internet. I hereby release Faith Lutheran, its operators, and any institutions with which it is affiliated from any and all claims and damages of any nature which may arise from my student's use or inability to use this access. This will be in effect for the entire school year unless cancellation is submitted in writing.

_____ Initial	_____ Initial
_____ Initial	

DRUG TESTING POLICY: Faith Lutheran is concerned about the dangers substance abuse pose for young people. Faith reserves the right to require (at parent expense) to drug or alcohol testing of students suspected of being under the influence. All new students entering grades 9-12 must present a clean drug test prior to admission. All students are subject to random drug tests conducted during the school year. All high school students involved in public performance groups are subject to an additional random testing protocol. These policies are described in detail in the parent and student handbooks.

_____ Initial	_____ Initial
_____ Initial	

PHOTO PUBLICITY RELEASE: I/We grant permission for any photographs or video taken involving my child while a student at Faith Lutheran to be used in connection with publicity of Faith Lutheran Jr./Sr. High School.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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TUITION PAYMENT PLAN OPTIONS:

Faith Lutheran offers a variety of payment plans. Please select your billing preference:

- 1 payment beginning of school year _____
- 10 monthly payments beginning August 1, 2010 _____ (even payments over the school year)
- 12 monthly payments beginning June 1, 2010 _____ (even payments over the school year)
- Other options please contact tuition office _____

I HAVE READ AND AGREE TO ALL OF THE ABOVE STATEMENTS. I ALSO UNDERSTAND THAT THIS APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL OF THE APPLICATION PACKET DOCUMENTATION HAS BEEN RECEIVED.

Father's signature _____ Mother's signature _____

Student's signature _____ Date _____

Accounting Department

Check # _____ Date _____ Amount _____ Received By _____
 Registration Fee _____
 Test Fee _____