HOPE LUTHERAN HIGH SCHOOL

Application for Admission

STUDENT INFORMATION **Entering Grade_____ Graduation Year_____**

Student Name_____ Male Female
LAST FIRST MIDDLE Please circle one

Home Address _____Home Phone_____
NUMBER STREET

_____ Student Cell Phone _____
CITY STATE ZIP

Student Date of Birth _____ Student Social Security Number _____

Student Date of Baptism _____ Student E-mail _____

PREVIOUS SCHOOL INFORMATION

Current School _____ Current Grade _____ Years Attended _____

School Address_____ School Phone _____

STUDENT'S CHURCH INFORMATION

Church Home_____Synod/Denomination _____

Church Address_____Years Attended _____

Pastor(s)_____ Church Phone _____

GUARDIAN/HOST PARENT INFORMATION

Parent/Guardian Name #1_____ Relationship to Student_____

Phone #_____Cell #_____ Work #_____

Address (if different)_____

Email _____Employer_____

Parent/Guardian Name #2_____ Relationship to Student_____

Phone #_____Cell #_____ Work #_____

Address (if different)_____

Email _____Employer_____

OTHER INFORMATION

Marital Status of Parents (please circle) Married Single Widowed Divorced

Other Children in Family (Name, Age, School, Grade) _____

REFERRAL If you were referred, list their name and we will credit your account $100 _____

312 E. Broadway Street • Winona MN 55987 • (507) 474-7799 • Fax (507) 452-8992
Preserving & Extending the Kingdom of Jesus Christ
www.hopelhs.org **office@hopelhs.org**

EMERGENCY CONTACT INFORMATION

Name & contact information of individuals that can be contacted locally for emergency purposes if parent(s) can not be reached.

Emergency Contact #1 Name _____ Relationship to Student_____

Daytime Phone Numbers _____

Address_____

Emergency Contact #2 Name _____ Relationship to Student _____

Daytime Phone Numbers_____

Address_____

TRANSPORTATION (please circle)

Car Public ISD861 School Bus Carpool Undecided Other_____

FINANCIAL INFORMATION & PAYMENT DETAILS

Person Responsible for tuition_____ Relation to Student _____

Address (if not previously given on this form) _____

Phone Number_____Email_____

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Paid in Full ☐ Other arrangements to be made

PARENT/GUARDIAN/HOST PARENT STATEMENT OF INTENT

We, as parent/guardians/host parent, desire a quality, Christ-centered education for our child, and believe that Hope Lutheran High School of Greater Winona will provide this type of education. We understand that secondary education includes a partnership between the parents and the school, and we will commit to timely payment of tuition/fees, include the school in our prayers, seek to keep open lines of communication with the school, and abide according to the structure outlined in the Student/Parent Handbook.

Signed_____Date_____

STUDENT STATEMENT OF INTENT

I want to attend Hope Lutheran High School and receive a Christ-centered education. I will strive to perform to the best of my ability and to live within the Student/Parent Handbook. I understand that photographs of the applicant taken at school sponsored activities may be used for promotion of Hope Lutheran High School and are the property of HLHS.

Signed_____Date_____

APPLICATION PROCEDURE

Please include on another sheet of paper any special concerns, counseling history, or other information that might be of help in understanding the applicant's needs.

Send completed application and non-refundable registration in the amount of **$100 if before April 15, $200 after April 15th, and $300 after June 1st**; to: Hope Lutheran High School
312 E. Broadway Street
Winona, MN 55987

Hope Lutheran High School does not discriminate on the basis of race, color, nationality or ethnic origin, sex, or religion. Discounts, financial aid, & scholarships are available; please see the financial policies & Guardian Angel handouts for more information.

Enrollment will not be accepted until the application is completed and financial arrangements are made.