



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 _____

School Address _____ Years Attended _____

Principal _____ 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 _____ Phone _____

Address (if different) _____ Email _____

_____ Cell _____

Church Home _____ Work Phone _____

Relationship to Student _____ Employer _____

Parent/Guardian Name #2 _____ Phone _____

Address (if different) _____ Email _____

_____ Cell _____

Church Home _____ Work Phone _____

Relationship to Student _____ Employer _____

OTHER INFORMATION

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

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

253 Liberty Street • Winona MN 55987 • (507) 474-7799 • Fax (507) 452-8992

Preserving & Extending the Kingdom of Jesus Christ

www.hopelhs.org

rsandcork@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 # 861 School Bus Car Pool Undecided Other _____

FINANCIAL INFORMATION & PAYMENT DETAILS

Person Responsible for tuition _____ Relation to Student _____

Address (if not previously given on this form) _____

Phone Number _____

Please Circle: Monthly Quarterly Semi-Annually Paid in Full Other arrangements

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 \$100 (after April 15th \$150; after June 1st \$200) non-refundable registration fee to:

Hope Lutheran High School
253 Liberty 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, Aid, & Scholarships are available; please see the financial policies & Guardian Angel handouts for more information.

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

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