



**Los Angeles Lutheran Middle and Sr. High School**

13570 Eldridge Avenue ♦ Sylmar, California 91342

818 362-5861

Web site: www.lalhs.org

Date Rec'd \_\_\_\_\_

App Fee Amt Rec'd \_\_\_\_\_

# Re-enrollment Form

## Student Information

Last Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Applying to Grade \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Email \_\_\_\_\_

**Please update any information for Adult Phones and Addresses that has changed in the last year, then complete pages 3 & 4. Thank you.**

## Information Regarding Parents/Guardians with whom student lives:

Relationship To Student:  Father  Step-Father  
 Legal Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Title:  Mr.  Rev.  Dr.  Other \_\_\_\_\_

Middle Name \_\_\_\_\_

Teachers should contact this person:  1st  2nd  3rd

Preferred Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship To Student:  Mother  Step-Mother  
 Legal Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Title:  Mrs.  Ms.  Rev.  Dr.  Other \_\_\_\_\_

Middle Name \_\_\_\_\_

Teachers should contact this person:  1st  2nd  3rd

Preferred Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Additional addresses and phone numbers may be entered on the back.

**Information Regarding Natural Parent, if NOT the same as those listed on other side:**

Relationship To Student  Father  Mother

Title:  Mr.  Mrs.  Ms.  Rev.  Dr.  
 Other \_\_\_\_\_

Teachers should contact this person:  
 1st  2nd  3rd  Do not contact

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Some Families may want or need L.A. Lutheran to have the name/s of another person/s such as a grandparent, or a tutor to receive our communications. Please use the spaces below for their information.

**Additional Adult Phones and Addresses**

Last Name \_\_\_\_\_ Relationship To Student: \_\_\_\_\_

First Name \_\_\_\_\_ Title:  Mr.  Rev.  Dr.  Other \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Additional Adult Phones and Addresses**

Last Name \_\_\_\_\_ Relationship To Student: \_\_\_\_\_

First Name \_\_\_\_\_ Title:  Mr.  Rev.  Dr.  Other \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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## Additional Information

Student Lives With:  Both Parents  Mother  Father  Other \_\_\_\_\_

Church Membership (name & address) \_\_\_\_\_  
\_\_\_\_\_

Name of Pastor \_\_\_\_\_

Phone numbers are sometimes made available to other parents to network our student body. If you are opposed to making your number available please advise us.

Various means of sharing the good news of LHS are utilized throughout the year such as brochures, videos, newsletters, etc.

I give LALHS permission to use my student's picture for promotional purposes without my prior consent.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## Parental Responsibility

We herewith concur with this application for our student and agree to accept all school regulations now in effect and as may be adopted or amended. We understand that the application fee is nonrefundable. We will support the school in Christian training in every way possible in order to assure the best success of our student at L.A. Lutheran Middle and Sr. High School. We certify that all statements made above are correct, accurate, and complete.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Student Responsibility

I desire to receive a Christian education. I promise to do my best in obedience to rules, in doing good work, and in living a Christian life.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Financial Responsibility

Upon completion of the enrollment procedures and acceptance of my student, **I promise to pay Los Angeles Lutheran Middle and Sr. High school the full yearly tuition regardless of early withdrawal.**

\_\_\_\_\_ (*Initial*) Members of an association congregation may be eligible for the reduction in tuition based upon the pastor's recommendation of church participation.

A 4% discount is given on the yearly tuition if paid in full by July 5th. A 2.5% discount will be given on the yearly tuition if paid in full by the first day of classes.

An eleven month payment plan is available with payments due the 5th of each month beginning July 5th. A 5% finance charge is assessed on the 10th day of each month for delinquent tuition. All payments must be made through an automatic withdrawal from a checking or savings account. If you choose this payment plan, options will be forwarded to you.

We are in agreement with L.A. Lutheran Middle and Sr. High School that no records of marks, courses, or credit shall be released until all tuition and other charges are paid in full.

Print Name(s) or Person(s) Responsible for Payment: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

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

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

Please note that all parties responsible for payment must fill-out and sign this portion.