



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 _____

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: _____

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: _____

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.