



APPLICATION FOR ADMISSION

Student _____

Address _____ Last _____ First _____ Middle _____ Nickname _____ City, Zip _____

Home Phone _____ Cell Phone _____ Present School _____

Student lives with: Both Parents Father Mother Guardian Step-father Step-mother Grandparent (Circle all that apply)

If Parent mailings should be sent to an address in addition to the one listed above, please list Name and Address:

Name _____ Address _____ City, State, Zip _____

Birthdate _____ Present Age _____ Sex _____ Grade to be enrolled _____

Congregation _____ City _____ Member of WVLHS Association? Yes _____ No _____

Denomination _____ Pastor's Name _____ Phone _____

Parents' e-mail addresses _____

Father's Name _____ Employer _____ Work Hours _____ Work Phone _____

Mother's Name _____ Employer _____ Work Hours _____ Work Phone _____

If parents are divorced, separated, or unmarried, are there any court restrictions placed on parental rights? Yes _____ No _____ If yes, please explain:

Emergency Information (also to be used for extracurricular emergencies)

Other Emergency Contact _____ Name _____ Relation to Student _____ Phone _____

Insurance Information

Primary Insurance _____ Group # _____ Policy # _____

Secondary Insurance _____ Group # _____ Policy # _____

Family Physician _____ Hospital Preference _____

Known Medical Conditions _____

List of Current Medications _____

Known Allergies _____

Consent & Authorization to Transport & Treat: In the event of an EMERGENCY, I/we, _____ the parent(s)/legal guardian of _____ hereby authorize & consent to transportation and medical treatment of my/our son/daughter. I/we agree to assume any and all costs involved.

Parent/Guardian Signature _____ Date _____

Our family was referred to WI Valley Lutheran High School by _____

MISSION STATEMENT

Shaping Individuals to be Christian Leaders through Excellence in Education

Parents:

Does your child have any special education needs? Yes _____ No _____

If yes, please explain (Include specialist and phone):

Does your child have any physical needs or limitations? Yes _____ No _____

If yes, please explain (Include doctor and phone):

Does your child have any emotional or psychological needs that are currently being cared for by a professional? Yes _____ No _____

If yes, please explain (Include specialist and phone):

Does your child need any special prescription medications? Yes _____ No _____

If yes, please list (Include doctor and phone):

Has your child experienced any school discipline problems resulting in suspensions, expulsions, etc? Yes _____ No _____

If yes, please explain:

Has your child used any illegal drug including alcohol or tobacco? Yes _____ No _____

If yes, please explain:

Has your child been in trouble with law enforcement agencies? Yes _____ No _____

If yes, please explain:

Please read the following statements and acknowledge with initials in the appropriate spaces.

Parent/Student

CHRISTIAN EDUCATION

We agree to support and cooperate with WI Valley Lutheran HS in its program of Christian Education

_____ / _____

SCHOOL POLICIES

We will abide by all policies, rules, and regulations, striving to be a supportive part of the Christian Community with student and teachers as we work together in God's name.

_____ / _____

PUBLICITY RELEASE

I hereby consent that the photographs or videos taken of my child while a student at WVLHS as a student may be used by WVLHS in/on such things as Church/School Bulletin Boards, newspapers, school newsletter, flyers, yearbook, school website/facebook page, television, billboards, etc. Furthermore, I consent that such photographs and/or videos shall be the property of WVLHS, which has the right to duplicate, reproduce and make other uses as WVLHS deems necessary.

_____ / _____

I DO NOT give me consent to have photographs of my son/daughter used by WVLHS in any way as specified above. _____ (parent signature required).

SCHOOL DIRECTORY

I hereby consent for use of my family's names, address, phone # and church affiliation to be listed in a school directory.

_____ / _____

SCHOOL SPONSORED TRIPS

I agree that my student may participate in all school activities and school sponsored trips away from campus unless the school receives written notice to the contrary.

_____ / _____

ADMISSIONS AGREEMENT

PLEASE READ CAREFULLY. You are signing a legally binding agreement. I hereby make application for our son/daughter to attend WI Valley Lutheran High School for the 2019-2020 school year. I, the undersigned parent or guardian, agree to make all payments for tuition and other necessary and normal charges in accordance with schedules for payment provided. I agree and understand that unless all payments are current, no transcripts, grade reports, diplomas, or transfer regarding our child will be issued. I also agree to cooperate in all matters pertaining to the applicant's education according to the rules and regulations of the school.

Parent Signature: _____ Date _____

Student Signature: _____ Date _____

NON-DISCRIMINATORY POLICY

Wisconsin Valley Lutheran High School does not discriminate on the basis of race, color, national or ethnic origin, or gender in the administration of our educational policies, employment practices, admission policies, scholarship and loan programs, athletic, and other school administered programs.