Please complete this admission form by printing neatly or typing below. Return the form with the registration fee to Living Word Lutheran High School. Registration fees are non-refundable unless the student is not accepted for enrollment (80% or \$800 USD refundable if not accepted). Registration fee will be applied to tuition at the time of acceptance.

Registration Fee: \$1000.00 USD

INTERNATIONAL STUDENT

ADMISSION FORM

Student Name Family First Middle Initial Home Address Address/Street City Zip Home Phone Cell # Student E-Mail Student Date of Birth __/__/ Place of Birth ____ Current Grade in School ____ Sex (circle one) M F Parent E-mail and Phone _____ List any family members currently residing in the United States Name Relation to student _____ City and State of Residence ______ Name Relation to student _____ City and State of Residence ______ Name Relation to student _____ City and State of Residence ______ Name ____ Relation to student _____ City and State of Residence ______ Notice of Non-Discriminatory Policy Living Word Lutheran High School does not discriminate on the basis of gender, race, color,

Contact ldobler@lwlhs.com to arrange for a WeChat interview with a Living Word representative.

national or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship and

Please include a transcript of your high school courses and grades [and TOEFL scores if possible].

Complete both sides of Admission form and return with requested document and registration fee to:

loan programs, athletic and other school administered programs.

Living Word Lutheran High School 2230 Living Word Lane Jackson,WI 53037

ADMISSION FORM (cont.)

Last School Attended Prior to Living Word Lutheran H.S.				
Address/Street	City	State	Zip Code	Phone Number
To assure your child's educational e Has student experienced problems in r please explain:				
Has the student experienced any discipplease explain:	oline/conduct problems, school suspe	nsions, grade retention,	double prom	otions, etc.? If YES,
Physical handicaps or limitations (glass	ses, scoliosis, hearing, etc.)			
Emotional or psychological needs (pas	st or present treatment)			
Special medications (allergies, asthma	, etc.)			
Doctor involved:		Phone:		
During the year, photos will be taken a and/or name to appear, please send a v				
Student Interest Survey (check all th Academic competition Ba National Honor Society Ch Student Council Dr Spanish Club	nd Newspaper oir Photography	Athletics (check all Baseball Basketball Dance Softball	_ Football	Tennis Cross Country Ice Hockey Volleyball y Wrestling
In the event of withdraws semester.		lable and tuition will be	charged thro	ough the end of the
Father's signature:		Date		
Mother's signature:		Date		
Student's signature:		Date		
Application Fee can be wired transfe Living Word Lutheran High School 2230 Living Word Ln Jackson, WI 53037	erred to Living Word Lutheran Hi BMO Harris Bank N.A. 111 W. Monroe St. Chicago, IL 60603	gh School via: Routing F Account SWIFT C	# 481	025661 2303761 ΓRUS44