# FAITH LUTHERAN HIGH SCHOOL OF CENTRAL TEXAS

PLEASE ATTACH
CURRENT PHOTO
OF APPLICANT HERE

# **Application for Admission**

600 FM 1482, PO Box 138 Warda, TX 78960 (979) 242-2889

kueckn@flhstx.org www.flhstx.org

FOR OFFICE USE ONLY		
Starting academic year:		
Date registered:		
\$	Check #	
\$	Cash Receipt #	

Student Information Applicant for admits First Name: N		
Preferred Name:		
Date of Birth:		
Address:		·
City:	Student e-mail:	
State:		
Current school name:  Current school address:		
Previous school:	City:	Grades attended:
Public School District in which you live:  FAMILY CHURCH MEMBERSHIP INFORMATION  Name of Church:  Denomination:  Pastor:	ETHNIC ORIGIN:  African-American  Asian-American  Caucasian  Hispanic/Latino  Other:	LEGAL CUSTODY: Indicate who has legal custody of this student if they differ from the adults with whom the student resides:  Name  Relation to Student
Pastor:	Is a language other than English spoken at home?  Yes  No If yes,  Occasionally	Indicate specific individual restricted from access to student information:  Name Relation to Student  ———————————————————————————————————
Is student confirmed? ☐ Yes ☐ No	☐ Often  If yes, what language?  —————	Please provide a copy of any applicable court-ordered custody documents.

#### **Notice of Non-Discrimination Policy**

Faith Lutheran High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship program, and athletic and other school-administered programs.

## Mission Statement:

Faith Lutheran High School of Central Texas seeks to engage young adults in a Christ-centered environment where faith and knowledge grow as one.

### Family #1 (with whom student lives) Home Address: \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ ☐ Other: \_\_\_\_\_ ☐ Mother ☐ Stepmother ☐ Other: \_\_\_\_\_ □ Father ☐ Stepfather Title: \_\_\_\_ First Name: \_\_\_\_ MI: \_\_\_ Title: \_\_\_ First Name: \_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \_\_\_\_\_ Employer: \_\_\_\_\_ Employer: Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_ Work phone: \_\_\_\_ Cell phone: \_\_\_\_ \_\_\_\_\_ Email: \_\_\_\_\_ Responsible for: school related decisions Responsible for: school related decisions school communications school communications financial bills financial bills Family #2 (non-resident parent or other relative) State: \_\_\_\_\_ Zip: \_\_\_\_ Home phone: \_\_\_\_ City: \_\_\_\_\_ □ Father □ Stepfather □ Other: □ Other Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Title: \_\_\_\_ First Name: \_\_\_\_ MI: \_\_\_\_ Last Name: Last Name: Employer: \_\_\_\_\_Employer: Work phone: Cell phone: Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: Responsible for: school related decisions Responsible for: school related decisions school communications school communications financial bills financial bills Contractual Agreement (must be signed by ALL individuals listed above who are responsible for school related decisions AND/OR financial bills) We the undersigned: As a parent/guardian, I agree to support and cooperate with Faith Lutheran High School of Central Texas and abide by all of its policies, rules, and regulations as outlines in the student handbook. I will strive to be a supportive part of the Christian community of students, teachers, and families as we work together in God's name. Agree to fulfill all financial obligations: II. A) Tuition and fees will be paid as due by the 10<sup>th</sup> of each month (Aug-May). Students with tuition which is past due may be withheld from class until payments are current. B) Student's grades, credits, and transcripts will not be issued or released until all applicable tuition and fees are paid. C) In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month withdrawal or dismissal occurs. Signature Date Signature Date

This completed form should be submitted to Faith Lutheran High School of Central Texas along with a registration fee.

Signature

Date

Date

Signature