WEST LUTHERAN HIGH SCHOOL REGISTRATION FORM

West Lutheran High School
3350 Harbor Lane North, Plymouth, MN 55447
(763) 509-9378

Name: _____ _____ _____
(last) (first) (middle)

Address: (street) _____

(city) _____ (zip) _____

Date of Birth: (mo/day/yr) _____/_____/_____ Place of Birth: _____

Student's Church: _____

Father's Name: _____

Address: _____
_____

Father's Home Phone: (____) _____ Work: (_____) _____

Mother's Name: _____

Address: _____
_____

Mother's Home Phone: (____) _____ Work: (_____) _____

Last School Attended: _____ Phone (_____) _____

Public School District in which student lives: _____

Entering Grade: _____

Student's SSN: _____-_____-_____ (needed for high school transcript)

Student's Doctor: _____ Phone (_____) _____

List any physical problem or learning difficulties the school should be aware of:

_____

Parent's Signature: _____

Please attach with registration form a letter of recommendation from your pastor or school principal. Also attach a check for $240.00 for annual fees.

Date Received in Office: _____ $240. Deposit Received: _____ School Year: _____

Updated 9/2006