WEST LUTHERAN HIGH SCHOOL REGISTRATION FORM

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

Student's Name: _____ _____ _____
(last) (first) (middle)

Address: (street) _____

(city) _____ (zip code) _____

Date of Birth: (mm/dd/yy) ____/____/____ Place of Birth: _____

Student's Cell #: (____) _____

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

Student's Church: _____

Father's Name: _____

Address: _____

Father's Phone #s: (H) (____) _____ (W) (____) _____ (C) (____) _____

E-mail: _____

Mother's Name: _____

Address: _____

Mother's Phone #s: (H) (____) _____ (W) (____) _____ (C) (____) _____

E-mail: _____

Previous School Attended: _____ Phone (____) _____

Public School District in which student lives: _____

Entering Grade: _____

Student's Doctor: _____ Phone (____) _____

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

_____

_____

Parent's Signature: _____

Please attach with this registration form two letters of recommendation: one from the current teacher and another from a pastor, coach, mentor, club leader, or any other non-family member who can speak to the student's character. Also attach a check for $250 for registration fees.

Office Use Only

Date Received in Office: ____/____/_____ $250 Deposit Received: ____/____/_____ School Year: _____