

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 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 a letter of recommendation: from the current teacher, 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 \$325 for registration fees, technology fees and class dues.

Office Use Only

Date Received in Office: ____/____/____ \$325 Deposit Received: ____/____/____ School Year: _____



Request for Student Records

Date: _____

Previous School Name/Address: _____

School Phone: _____ School Fax: _____

Please forward the following Information to West Lutheran High School

- Transcript of credits and grades/all academic records
- Health Records
- Psychological Reports
- Special Education Reports
- Immunization Records
- Other pertinent information

The following student(s) has/have registered at West Lutheran High School:

Name _____ DOB _____ Entering grade _____

Name _____ DOB _____ Entering grade _____

Name _____ DOB _____ Entering grade _____

Please send the above requested information to:

West Lutheran High School
Lorraine Gerdes, Registrar
3350 Harbor Lane N
Plymouth MN 55447
Phone: 763-509-9378; Fax: 763-509-0861

(signature of parent or guardian)

(date)

Please return this form to
West Lutheran High School.
We will submit to your school.