



Metro-East Lutheran High School
6305 Center Grove Road
Edwardsville, IL 62025

APPLICATION FOR ADMISSIONS

STUDENT INFORMATION: *Please fill out this section with Student info only.*

⇒ Full Name _____ Nickname _____
Last First Middle

Address _____
Street City/State Zip Code

Date of Birth ____/____/____ Place of Birth _____

Social Security # ____/____/____ Home Phone _____

Student Email Address _____ Student Cell Phone _____

Grade/Class Status: Present Grade _____ Grade Completed _____

Ethnicity ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Mix ☐ Other _____

Gender ☐ Female ☐ Male

Applying to enroll ☐ Full-Time ☐ Part-Time (Approximate number of classes _____)

Name of Public School District of Residence _____

School Attending/Last Attended _____

School Address _____
Street City/State Zip Code

School Phone _____ Principal _____

Church Membership _____ Pastor _____

Church Address _____

FAMILY INFORMATION:

⇒ Custodial Parents: ____ Both (Same household) ____ Both (Separate households)
____ Mother ____ Father ____ Other

School Communication to: ____ Mother only ____ Father only ____ Both ____ Other

Financial Responsibility: ____ Both (Same household) ____ Both (Split 50/50)
____ Mother(100%) ____ Father(100%) ____ Other (please specify)

FAMILY INFORMATION Continued:

⇒ **Father's Name** _____ **Phone** _____

Last First Middle

Address _____
(If different from Student)

Church Membership _____ Email _____
(Used for school communication)

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____
(Used for Parent Alert calls)

⇒ **Mother's Name** _____ **Phone** _____


Last First Middle

Address _____
(If different from Student)

Church Membership _____ Email _____
(Used for school communication)

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____
(Used for Parent Alert calls)

 **Other/Guardian's Name** _____ Phone_____

Last First Middle

Address _____
(If different from Student)

Church Membership _____ Email _____
(Used for school communication)

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

⇒ **Family Doctor**_____ **Phone**_____



Emergency Contacts in case parents are not available:

1. Name_____ Home Phone_____

Relationship to Student_____ Cell Phone_____

2. Name_____ Home Phone_____

Relationship to Student _____ Cell Phone _____

I/We abide by the school's policies and regulations, and as parent/guardian or responsible party, agree to pay all tuition/fees due for the attendance of this student at Metro-East Lutheran High School. If any collection activity is necessary to collect any unpaid tuition and fees, litigation expenses and legal fees will also be collectible.

⇒ Student's Signature _____ Date _____

⇒ Parent's Signature _____ Date _____