



Metro-East Lutheran High School  
6305 Center Grove Road  
Edwardsville, IL 62025  
(618) 656-0043

## 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 \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed Application for Admission with the \$100.00 application fee to MELHS.