



Enrollment Policies & Procedures

Metro-East Lutheran High School enrolls students in grades 9-12. Metro-East Lutheran High School desires to serve families who want an academically challenging, Christian secondary education for their children.

All incoming students must go through an application process that includes completing an application, submitting appropriate recommendations, and providing proof of past academic performance. See below for a checklist of steps.

Metro-East Lutheran High School tries to serve students of varying academic abilities. However, the school does not have the resources needed to serve students who have significant academic needs.

Metro-East Lutheran High School desires to surround its students with positive influences. Applicants who desire to transfer to MELHS because of an extended suspension or expulsion from their present or previous school will likely be denied enrollment. However, each application is considered on an individual basis.

Metro-East Lutheran High School encourages its students and their families to be active in a Christian congregation, but church membership or attendance is not required for enrollment.

Metro-East Lutheran High School reserves the right to accept or decline any student application.

The following steps are to be completed as part of the application and admission procedures:

- ____ 1. Submit a completed Application for Admission and the \$100 non-refundable application fee.
- ____ 2. Submit completed recommendations: School Recommendations (to be completed by an administrator or guidance counselor, English teacher, and math teacher of the student's current school) and Church Recommendation (to be completed by a pastor or church worker from the student's congregation).
If the student does not have a church home, a character recommendation must be completed (by a non-family member) instead.
- ____ 3. Provide a copy of the student's transcript or provide a report card from a recent grading period.
- ____ 4. Provide the student's most recent standardized test results.
- ____ 5. Sign an Authorization for Release of Records form.

Based on this information, the Principal decides to accept or decline the application. This acceptance or declination is then communicated with the parents.

If the student is accepted, the family must complete a registration process which includes:

- Submitting a Registration form and the \$200 registration fee. The form focuses on the payment plan for tuition. Depending upon which plan is requested, additional forms may be required.
- If you are a member of an association congregation, submitting the Membership Confirmation form.
- Submitting an Emergency Medical Authorization, Immunization Records, and any forms needed for participation in athletics (Concussion Information Form, Student Physical).
- Meeting with the Academic Advisor or Assistant Principal to select classes.
- Receive numerous documents from MELHS which will help students prepare for the next year.
- Lutheran High will request documentation from the students previous school. If the file is incomplete, more information such a birth certificate and health forms may be required.



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
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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.

Authorization to Release Student Information

Parents/Guardians—please complete the form below and return it to Metro-East Lutheran High School. MELHS will submit it to the appropriate resource.

Applicant to Metro-East Lutheran High School

Student's full name Birth date Grade level or last grade completed

AUTHORIZATION STATEMENT & SIGNATURE

I authorize _____ (school) to release information to Metro-East Lutheran High School. I authorize administration/guidance personnel of the above listed school to discuss these records and all information pertaining to the student with administration/guidance personnel of MELHS.

Signature of Parent or Guardian

Date

To the Person/Organization:

This child is an applicant to or student at Metro-East Lutheran High School.

Please send the following information:

- ☐ Current transcript/report card
- ☐ Results of most recent standardized test scores
- ☐ Health record
- ☐ Discipline/behavioral record
- If applicable . . .
 - ☐ IEP
 - ☐ Current or withdrawal grades
 - ☐ Current or pending action to be taken
 - ☐ Other records that would help us determine acceptance to MELHS.

Please tell us the best way to reach you:

Phone _____ Email _____
Best time to contact _____

Please fax records to (618) 656-3315 or mail sealed records to:

Metro-East Lutheran High School
c/o Principal
6305 Center Grove Rd
Edwardsville, IL 62025

We appreciate your help and assistance. Please do not send original documents. If you have any questions or comments, please direct them to the MELHS Principal at (618) 656-0043.



ASSOCIATION CONGREGATION MEMBERSHIP CONFIRMATION 2020-2021

In order for families of students attending Metro-East Lutheran High School to receive the Association Discount, this form must be completed annually and returned to MELHS as part of the registration process.

MELHS Student _____

I, the pastor of _____ Lutheran Church in _____, confirm that... (check all that apply)

- ☐ the above listed student
- ☐ the parents/guardians of the above listed student
- ☐ the party responsible for paying the tuition for the above listed student (if not the parents or guardian)

are members in good standing of the above listed congregation.

Signature (Pastor/or his representative)

Date

MELHS Association Congregations

Faith Lutheran Church, Godfrey	St. Paul Lutheran Church, Wood River
Good Shepherd Lutheran Church, Collinsville	St. Peters Lutheran Church, Prairietown
Holy Cross Lutheran Church, Collinsville	Trinity Lutheran Church, Edwardsville
St. James Lutheran Church, Glen Carbon	Trinity Lutheran Church, Worden
St. John Lutheran Church, Maryville	Zion Lutheran Church, Bethalto
St. Paul Lutheran Church, Hamel	

*Metro-East Lutheran High School
engages young adults in a Christ-centered
environment, delivering academic
excellence and spiritual growth to develop
Christian leaders.*

6305 Center Grove Road
Edwardsville, IL 62025
618.656.0043
618.656.3315 fax
www.melhs.org



Metro East
LUTHERAN HIGH SCHOOL

CHARACTER RECOMMENDATION

The following student has applied for admission to Metro-East Lutheran High School and has given permission to seek a recommendation from you.

STUDENT _____

Grade Level _____

Please give your evaluation of this student by circling the appropriate number on each line.

(5= Consistently 1= Seldom UTJ= Unable To Judge)

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Student is positively involved in his/her community | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Student is a positive influence on others | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Student appears to be socially accepted by peers | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Student's behavior evidences high moral standards | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Family is supportive of student's activities | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |

Please describe a strength of this student.

Please describe a weakness of this student.

Are there any family situations/circumstances that could affect this student's performance or behavior? Yes No
If yes, please briefly explain.

Do you recommend this student for acceptance to MELHS? Yes No

Do you request for this recommendation to be kept confidential? Yes No
If no, this information may be discussed with the student and family.

Please use the back of this form to give any additional comments that would help us in understanding this student.

Your Name _____ Signature _____ Date _____

Relationship to student _____

Please complete and return this form to:

Metro-East Lutheran High School
6305 Center Grove Rd
Edwardsville, IL 62025
Or fax to 618-656-3315

If you have any questions, please call us at 618-656-0043. Thank you for your assistance in evaluating this student!



CHURCH RECOMMENDATION

The following student has applied for admission to Metro-East Lutheran High School and has given permission to seek a recommendation from you.

STUDENT _____ **Grade Level** _____

Please give your evaluation of this student by circling the appropriate number on each line.

(5= Consistently 1= Seldom UTJ= Unable To Judge)

- | | | | | | | |
|--|-----|----|---|---|---|-----|
| 1. Family attends church | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Student attends youth functions | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Student is a positive influence | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Student actively lives his/her Christian faith | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Family is supportive of church programs | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |
| 7. Does this student have any special needs?
If yes, what? | Yes | No | | | | |
| Are there any family situations/circumstances that could affect
this student's performance or behavior? | Yes | No | | | | |
| If yes, may we contact you to discuss this situation? | Yes | No | | | | |
| Do you recommend this student for acceptance to MELHS? | Yes | No | | | | |
| Do you request for this recommendation to be kept confidential? | Yes | No | | | | |
| If no, this information <u>may</u> be discussed with the student and family. | | | | | | |

Please use the back of this form to give any additional comments that would help us in understanding this student.

Your Name _____ Signature _____ Date _____

Position _____ Church _____

Please complete and return this form to:

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

Or fax to 618-656-3315

If you have any questions, please call us at 618-656-0043. Thank you for your assistance in evaluating this student!



The following student has applied for admission to Metro-East Lutheran High School and has given permission to seek a recommendation from you.

Please give your evaluation of this student by circling the appropriate number on each line.

Please use the back of this form to give any additional comments that would help us in understanding this student.

If you have any questions, please call us at 618-656-0043. Thank you for your assistance in evaluating this student!



SCHOOL RECOMMENDATION - English Teacher

The following student has applied for admission to Metro-East Lutheran High School and has given permission to seek a recommendation from you.

STUDENT _____ Grade Level _____

Please give your evaluation of this student by circling the appropriate number on each line.

(5= Excellent 1= Poor UTJ= Unable To Judge)

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Command of the English language - Written | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Command of the English language - Spoken | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Reading Comprehension | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Attentiveness / generally engaged in class | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Diligence in completing work | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Test taking ability | 1 | 2 | 3 | 4 | 5 | UTJ |
| 7. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |
| 8. Respectful to others | 1 | 2 | 3 | 4 | 5 | UTJ |

Does this student have any special academic needs? Yes No
If yes, what have you done to assist the student?

Do you recommend this student for acceptance to MELHS? Yes No

Do you recommend this student for ____ regular English or ____ honors English?

Do you request for this recommendation to be kept confidential? Yes No
If no, this information may be discussed with the student and family.

Please use the back of this form to give any additional comments that would help us in understanding this student.

Your Name _____ Signature _____ Date _____

Position _____ School _____

Please complete and return this form to:
Metro-East Lutheran High School
6305 Center Grove Rd
Edwardsville, IL 62025

Or fax to 618-656-3315

If you have any questions, please call us at 618-656-0043. Thank you for your assistance in evaluating this student!



SCHOOL RECOMMENDATION - Math Teacher

The following student has applied for admission to Metro-East Lutheran High School and has given permission to seek a recommendation from you.

STUDENT _____

Grade Level _____

Please give your evaluation of this student by circling the appropriate number on each line.

(5= Excellent 1= Poor UTJ= Unable To Judge)

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Math computation skills | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Ability to learn math concepts | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Attentiveness / generally engaged in class | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Diligence in completing work | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Test taking ability | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |
| 7. Respectful to others | 1 | 2 | 3 | 4 | 5 | UTJ |

Does this student have any special academic needs?

Yes No

If yes, what have you done to assist the student?

Circle the class that you would recommend the student begin in at MELHS:

Pre-algebra Algebra Geometry Algebra II Pre-calc Calculus

Do you recommend this student for acceptance to MELHS?

Yes No

Do you request for this recommendation to be kept confidential?

Yes No

If no, this information may be discussed with the student and family.

Please use the back of this form to give any additional comments that would help us in understanding this student.

Your Name _____ Signature _____ Date _____

Position _____ School _____

Please complete and return this form to:

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

Or fax to 618-656-3315

If you have any questions, please call us at 618-656-0043. Thank you for your assistance in evaluating this student!

