



## 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.

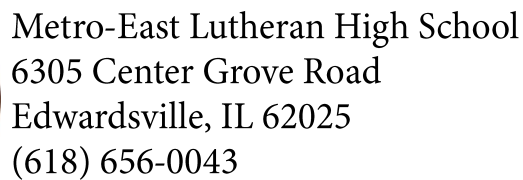
### **The following steps are to be completed as part of the application and admission procedures:**

- \_\_\_\_ 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
--------	------------	----------

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 2021-2022

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

Good Shepherd Lutheran Church, Collinsville

Holy Cross Lutheran Church, Collinsville

St. James Lutheran Church, Glen Carbon

St. John Lutheran Church, Maryville

St. Paul Lutheran Church, Hamel

St. Paul Lutheran Church, Wood River

St. Peters Lutheran Church, Prairietown

Trinity Lutheran Church, Edwardsville

Trinity Lutheran Church, Worden

Zion Lutheran Church, Bethalto

*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



## 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?<br>If yes, what?  | Yes | No |   |   |   |     |
| Are there any family situations/circumstances that could affect<br>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.

1. Is cooperative with teachers and school personnel	1	2	3	4	5	UTJ
2. Is respectful to others	1	2	3	4	5	UTJ
3. Has positive relationships with peers	1	2	3	4	5	UTJ
4. Behavior patterns are constructive and positive	1	2	3	4	5	UTJ
5. Parents give evidence of school support	1	2	3	4	5	UTJ

Was the student asked to leave your school? Yes No

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

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





## 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!

