



APPLICATION FOR ADMISSION

MEMORIAL LUTHERAN SCHOOL

"FOR THE LIFE OF THE WORLD"

5800 Westheimer Road Houston, Texas 77057

PHN 713.782.4022 FAX 713.782.1749

www.mlchouston.org

A \$50 non-refundable application processing fee must accompany this completed application form. Memorial Lutheran School will accept applications the entire year, if space is available.

School Office Use Only:

\$50 Fee Received by _____ Date Received _____

Paid by:

Cash _____ Credit Card _____ Check # _____

School Year

Start Date

(mm/dd/yy)

Applying for (please circle grade or class and day option)

Infant Care

Early Start*

Pre-School*

Pre- K

School Grade K 1 2 3 4 5 6 7 8

(circle one)

3 Day Option M-W-F (Early Start and Pre-School only)*

I will need extended childcare: Drop-off Time _____ AM

Pick-up Time _____ PM

Student Information

Student Name _____ Sex M F (circle one)
Last First M.I.

Student's Preferred Name _____ Student's Date of Birth _____
(mm/dd/yy)

Student's Home Address _____
City _____ State _____ Zip _____

Family Home Phone _____ Student Cell Phone # _____

Student's Social Security Number ____/____/____

Student Resides with

1. Mother and Father Mother Only Father Only Mother / Stepfather
 Legal Guardian _____ Father / Stepmother
name
relationship

2. If parents are divorced or separated, which parent should receive school communications?

Mother Father Both Other _____

3. If applicant's parents are divorced, a copy of the divorce decree must be on file in the school office.
(Documentation of legal guardianship must also be on file in the school office.)

Family Church Membership

Name of Church _____ Is child baptized? Yes No (circle one)

Church Denomination _____

We are not currently members of a church and would like a call from the MLC pastor.

Grandparents

If not already provided on the previous page, please provide the following information regarding the student's grandparents (father's and mother's side).

Paternal - Grandfather

First M.I. Last

Str Address _____
City _____
State _____ Zip _____
Phone Number _____
Email _____

Maternal - Grandfather

First M.I. Last

Str Address _____
City _____
State _____ Zip _____
Phone Number _____
Email _____

Paternal - Grandmother

First M.I. Last

Str Address _____
City _____
State _____ Zip _____
Phone Number _____
Email _____

Maternal - Grandmother

First M.I. Last

Str Address _____
City _____
State _____ Zip _____
Phone Number _____
Email _____

In case of an immediate **medical emergency**, I authorize the Headmaster (or his appointed representative) to seek medical treatment at the following facility.

Name of Clinic or Hospital _____
Name & Contact Number of Doctor _____
Signature of Parent or Guardian _____ Date _____

Other children living at home

Name _____ Age _____ School Attending _____
Name _____ Age _____ School Attending _____
Name _____ Age _____ School Attending _____

Language spoken at home _____ Other Languages spoken _____

Academic Information

Student's previous/current school _____
Phone _____ Address _____ City _____ State _____
Reason for leaving _____
Has the student ever been dismissed or suspended from a school? Yes ___ No ___
If Yes, explain circumstances _____
_____ School Name _____
Has student ever repeated a grade? Yes ___ No ___ If Yes, which grade was repeated? _____
Any other academic, medical, or physical needs to be noted _____

Release Information

In addition to parents, I authorize my child/children to be picked-up by either of the following people.

Name _____ Relationship _____

Name _____ Relationship _____

Restriction of Photo Use

During the school year, photos of your child will be taken. These photos may be displayed on our website, in our yearbooks and brochures, as well as in newspapers, periodicals, and other advertising materials.

If you do not wish for your child's likeness to be used for such purposes, please sign below.

I do not want my child's photo being used for any of the above purposes. _____
(Parent Signature)

Tuition Plans

Payment of tuition (in Full) by August 1st Payment of tuition in monthly installments
Families paying in installments **MUST** sign-up for automated payments via ACH or credit card.

Contractual Agreement - Must be signed by ALL financially responsible parties

We, the undersigned:

- I. Agree to fulfill all financial obligations
 - A. If paying monthly, each month's tuition and fees will be paid by the 30th of the month, regardless of whether the charges were billed on the 5th of the month or 20th of the month. Students with tuition in arrears may be withheld from class attendance until all account components are current.
 - B. Student's grades, test results, credits and transcripts will not be released until all applicable account balances have been paid.
 - C. In the event of withdrawal or dismissal, all fees will be charged through the end of that month. All fees and tuition paid for the month are considered earned and non-refundable.
- II. Agree to abide by Memorial Lutheran School's policies and guidelines as outlined in the Parent's handbook, a copy of which is available on the school's website.
- III. Attest to the fact that, to the best of our knowledge, all of the information we have entered on this application is true and correct.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Guardian's Signature _____ Date _____

How did you hear about Memorial Lutheran School?

HAIS Website ___ Memorial Lutheran's Website ___ Friend/Relative ___ Church ___
Advertisement ___ Internet Search ___ Current School ___

For Statistical Purposes only - Ethnic Origin:					
<input type="checkbox"/> African/American	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	

Non-Discrimination Policy

Memorial Lutheran School does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of its educational policies, employment practices, admission policies, scholarship programs, athletics, or other school administered programs.