



**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](http://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:**

Fee Received \$ \_\_\_\_\_ Date Received \_\_\_\_\_ by \_\_\_\_\_

Paid by:

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_

School Year \_\_\_\_\_

Applying for (please circle grade or class)

Infant Care

Early Start

Pre-School

Pre- K

Start Date \_\_\_\_\_

School Grade K 1 2 3 4 5 6 7 8  
(circle one)

(mm/dd/yy)

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 \_\_\_\_\_  
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 bank withdrawal

**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 end of month. Tuition and all fees (including application and registration fees) are considered nonrefundable and nontransferable.
- 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 in the school office.
- 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?***

Memorial Lutheran's Website \_\_\_ Friend/Relative \_\_\_ : Name \_\_\_\_\_

Private Schools Website \_\_\_ Print Advertisement \_\_\_ Internet Search \_\_\_ Current School \_\_\_

**For Statistical Purposes only - Ethnic Origin:**

African/American     Asian-American     Caucasian     Hispanic     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.