



Martin

Luther High School

PO Box 228 • County Highway 38 • Northrop, MN 56075  
PH. (507)436-5249 FAX (507)436-5240 www.martinlutherhs.com

## 2009-2010 Transfer Student Enrollment Form

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City State Zipcode

Student's Preferred Name \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Address of School \_\_\_\_\_

Has Student Ever Been Suspended or Expelled from School? \_\_\_\_\_

If yes, give reason: \_\_\_\_\_

Other Schools Previously Attended \_\_\_\_\_

Grades and Years: \_\_\_\_\_

Address of School: \_\_\_\_\_

Present Church Membership of Student: \_\_\_\_\_

Address of Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

### Parents/Guardians:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Day-Work Home Day-Work Home

Church Affiliation: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Status of Parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased: \_\_\_\_\_ Female \_\_\_\_\_ Male

List past year's extra curricular activities: \_\_\_\_\_

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Has student received special educational help? \_\_\_\_\_ If so, please describe \_\_\_\_\_

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Has student been state tested and diagnosed? \_\_\_\_\_ If so, please describe \_\_\_\_\_

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Has student ever received treatment for chemical dependency? \_\_\_\_\_ If so, please describe

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Please explain any special needs or concerns that the school should be aware of: \_\_\_\_\_

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**\*\*Acceptance of applicant will be made pending personal interview with, and approval of, Martin Luther High School Administrator.**

*“MLHS—A Choice Worth Making....”*

**Other children in the family:**

1. \_\_\_\_\_  
Name Age

2. \_\_\_\_\_  
Name Age

3. \_\_\_\_\_  
Name Age

**Student’s Doctor:**

\_\_\_\_\_ Name Phone

\_\_\_\_\_ Address City State Zip

**Name of Closest Relative or Person to be contacted in an Emergency:**

1. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name

\_\_\_\_\_ Address Phone

2. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name

\_\_\_\_\_ Address Phone

**Preferred Tuition Payment Plan:** \_\_\_personal check      \_\_\_electronic fund transfer

\_\_\_Ten Month (1st payment due registration day)

\_\_\_Twelve Month (1st payment due on registration day)

**\*\*Tuition Aid forms need to be submitted by June 1st.**  
**You will be notified in July of the amount you have been awarded.**

\_\_\_\_\_  
**Signature of Parent or Guardian** **Date**

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Remember to:

1. Fill out this form completely and return to MLHS.
2. Sign above.
3. Enclose a non-refundable registration fee of \$50.00 which will be applied to your tuition balance.

Thank you

Parents, please list your goals and expectations that you have for your student \_\_\_\_\_

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How can Martin Luther High School help you attain those goals? \_\_\_\_\_

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As of today, what is your child's post-graduate destination?

\_\_\_\_ college      \_\_\_\_ technical school      \_\_\_\_ military      \_\_\_\_ work force

Please list any other concerns that MLHS should be aware of here. \_\_\_\_\_

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*Thank you for your commitment to Lutheran education and for enrolling your child at Martin Luther High School. We are committed to serving you and your child to the best of our God-given abilities in the years ahead.*

*May God bless our mutual efforts, that your teen may be prepared to step into the world to serve our Lord, Jesus Christ.*

## For Development Office

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Extra-curricular activities student may be interested in participating in: (Some activities are currently under consideration by MLHS)**

\_\_\_\_ Football      \_\_\_\_ Volleyball      \_\_\_\_ Cross Country      \_\_\_\_ Drama  
\_\_\_\_ Boys Basketball      \_\_\_\_ Girls Basketball      \_\_\_\_ Soccer      \_\_\_\_ Art Adventure  
\_\_\_\_ Boys Baseball      \_\_\_\_ Wrestling      \_\_\_\_ Yearbook      \_\_\_\_ Newspaper  
\_\_\_\_ Track      \_\_\_\_ Student Council      \_\_\_\_ Class Officer  
\_\_\_\_ Golf      \_\_\_\_ Softball      \_\_\_\_ Band  
\_\_\_\_ Weight lifting      \_\_\_\_ Cheerleading      \_\_\_\_ Choir      \_\_\_\_ Bible Study

**Grandparents/Special Person to be included in *KnightLight* Mailings:**

1. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name

\_\_\_\_\_  
Address Phone

2. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name

\_\_\_\_\_  
Address Phone

1. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name

\_\_\_\_\_  
Address Phone

2. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name

\_\_\_\_\_  
Address Phone

**Businesses that may be supportive of MLHS**

\_\_\_\_\_  
Name Contact Person

\_\_\_\_\_  
Address Phone