



A Choice Worth Making...

Martin

Luther High School

♦ PO Box 228 ♦ 315 Martin Luther Drive ♦ Northrop, MN 56075  
♦ PH. (507)436-5249 ♦ FAX (507)436-5240 www.martinlutherhs.com

## 2011-2012 Transfer Student Enrollment Form

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

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

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

Birthdate: \_\_\_\_\_

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

Does your student have an IEP or 504 plan? YES or NO

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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List past year's extra curricular activities:

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**\*\*Acceptance of applicant will be determined after personal interview with Martin Luther High School Administrator.**

*“MLHS is a school of value that teaches Christian values.”*

**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: \*\*\$40 returned check charge for insufficient funds**

\_\_\_\_\_ electronic fund transfer— Ten payments calculated from tuition due with 1st payment due on registration day by check. Additional form and voided check required.

\_\_\_\_\_ Annual payment of tuition due

\_\_\_\_\_ Semi-annual payment of tuition due (second payment due by January 15, 2011)

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

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

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Remember to:

1. Complete all fields.
2. Sign above and return to MLHS Office.
3. Enclose a non-refundable payment of \$50.00 which will be applied to your registration fee. Forms and fees submitted by deadline will receive a \$25 discount on registration day.

**Due by April 30th**

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**For Office Use Only:** \_\_\_\_\_ **Date Received** \_\_\_\_\_ **Fees Received** \_\_\_\_\_

**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       | _____ Speech        | _____ Drama         |
| _____ Boys Basketball | _____ Girls Basketball | _____ Debate        | _____ Art Adventure |
| _____ Boys Baseball   | _____ Gymnastics       | _____ Yearbook      | _____ Newspaper     |
| _____ Track           | _____ Student Council  | _____ Class Officer | _____ Bible Study   |
| _____ Golf            | _____ Softball         | _____ Band          | _____ Other         |
| _____ Weight lifting  | _____ Cheerleading     | _____ Choir         | _____ Wrestling     |

**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 I am affiliated with that may be supportive of MLHS**

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

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

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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*A sincere 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.*

*All Staff and Faculty of  
Martin Luther High School*