



Martin

Luther High School

A Choice Worth Making...

♦ 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 _____

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

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

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

List past year's extra curricular activities:

****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**

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

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 _____

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

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. _____

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***