Christ Our Savior
Lutheran High School

Application for Admission

PLEASE ATTACH CURRENT PHOTO OF APPLICANT HERE

810 Soldiers Way
Evansville, IL 62242
Phone: (618) 853-7300
Fax: (618) 853-7361
enroll@coslhs.org
www.coslhs.org

FOR OFFICE USE ONLY
Starting academic year: _____
Date registered: _____
$_____Check#_____
$_____Cash Receipt #_____

Student Information

Applicant for admission to: ❒ Grade 9 ❒ Grade 10 ❒ Grade 11 ❒ Grade 12

First Name: _____ Middle: _____ Last: _____

Preferred Name: _____

Date of Birth: _____ ❒ Male ❒ Female

Address: _____ Student phone #: _____

_____ Student cell phone #: _____

City: _____ Student e-mail: _____

State: _____ Zip Code: _____

Current school name: _____ Current school phone: _____

Current school address: _____ Grades attended: _____

Previous school: _____ Grades attended: _____

Public School District in which you live: _____

FAMILY CHURCH MEMBERSHIP INFORMATION

Name of Church: _____

Denomination: _____

Pastor Signature: _____

Is student baptized?
❒ Yes ❒ No
Baptism Date: _____

Is student confirmed?
❒ Yes ❒ No

LEGAL CUSTODY:
Indicate who has legal custody of this student if they differ from the adults with whom the student resides.

Name Relation to Student

_____

_____

Indicate specific individuals restricted from access to student information:

Name Relation to Student

_____

_____

Please provide a copy of any applicable court-ordered custody documents.

Is a language other than English spoken at home?
❒ Yes ❒ No If yes, what language?

Vision Statement:

Providing an outstanding Christian and academic education rooted in our Lutheran heritage in a personal and caring environment to prepare young people for life today, tomorrow, and forever.

Family #1 (with whom student lives)

Home address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

❒ Father ❒Stepfather ❒Other: _____ ❒ Mother ❒Stepmother ❒Other: _____

Title: _____ First Name: _____ MI: ____ Title: _____ First Name: _____ MI: ____

Last Name: _____ Last Name: _____

Employer: _____ Employer: _____

Work phone: _____ Cell phone: _____ Work phone: _____ Cell phone: _____

Email: _____ Email: _____

Responsible for: ❒ school related decisions
❒ school communications
❒ financial bills

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Family #2 (non-resident parent or other relative)

Home address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

❒ Father ❒Stepfather ❒Other: _____ ❒ Mother ❒Stepmother ❒Other: _____

Title: _____ First Name: _____ MI: ____ Title: _____ First Name: _____ MI: ____

Last Name: _____ Last Name: _____

Employer: _____ Employer: _____

Work phone: _____ Cell phone: _____ Work phone: _____ Cell phone: _____

Email: _____ Email: _____

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Does the student reside full-time with his/her parent or court-appointed legal guardian? ☐ Yes ☐ No

May we include name, address, and phone number in school directory? ☐ Yes ☐ No

Do you plan to apply for financial assistance? ☐ Yes ☐ No

Other Children: _____ Grade Next Year: ____ School: _____

_____ Grade Next Year: ____ School: _____

_____ Grade Next Year: ____ School: _____

Identify those individuals who are authorized to pick up your child: _____
(If custody is held by anyone other than both biological parents, please attach a document describing the arrangement.)

Additional Phone Numbers _____

Transportation Plans: ☐ Car ☐ Car Pool OR ☐ Monroe Randolph Transit

Will your child be a licensed driver? _____Yes _____No

Strong faith, strong academics, strong work ethic, and giving hearts.
#COSLHSstrong

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ACADEMIC BACKGROUND: To better serve the needs of your child, please answer the following questions:

1. What are your child's academic strengths? Weaknesses? _____

2. Has your child ever experienced any social or behavior problems in school? _____ Yes _____ No

If yes, please explain. _____

_____

_____

3. Does your son/daughter have an identified learning difference or special needs? _____ Yes _____ No

If yes, please explain. _____

4. Does your son/daughter have an IEP (Individual Education Plan)? _____ Yes _____No

If yes, at which school? _____

FAMILY INVOLVEMENT :

Your child will receive a much deeper, more fulfilling experience if you are involved in one or more aspects of the school and its program. You are invited to indicate your interest in any of the following areas: Indicate (D) for dad and (M) for mom in each category, Interest (I) or Experience (E).

	I	E		I	E
Fundraising Committee	_____	_____	Athletics/Coach	_____	_____
Parent Organization	_____	_____	Parent Ambassador for COS	_____	_____
Technology	_____	_____	Building/Grounds Maintenance	_____	_____
Dinner Auction	_____	_____	Concession Stand	_____	_____

Do you have any special contacts (Business, friends, co-workers) that would be interested in supporting or learning more about *Christ Our Savior L.H.S.*?
Please explain : _____

_____

_____

In what other ways would you be willing to help the school? (example: baking, applying for Thrivent Action Teams, etc...)

_____

_____

_____

Welcome to #SoldierNation

Notice of Non-Discrimination Policy

Christ Our Savior Lutheran High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship program, and athletic and other school-administered programs.

Parental Pledge of Support

We, the parents/guardians (primary care givers), pledge our full support and cooperation to the administration/ faculty of Christ Our Savior Lutheran High School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshiping regularly with our child. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We understand the registration fee is not refundable. We will pray regularly for the ministry of Christ Our Savior Lutheran High School.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

This completed form should be submitted to Christ Our Savior Lutheran High School along with the registration fee. Registration fee is non-refundable.

Thank you for choosing Christ Our Savior Lutheran High School.
May God bless your family as we work together to provide "a Christ-centered, academically excellent high school education."