



APPLICATION FOR ADMISSION
2013-2014 SCHOOL YEAR

This application must be submitted with \$100.00 application fee as well as **copy of Immunization records, copies of the most recent official academic transcript and standardized test scores. No student will be admitted without immunization records (legal requirement of State of Alaska).**

Application for Grade (circle one) 7 8 9 10 11 12 Date of Birth _____

Late registration (after 4/08/13) \$250.00

OTC Tylenol or Ibuprofen O.K.? _____ Yes
_____ No
_____ Call First

Student's Full Name _____ Prefers _____
Last First Full Middle Name

Gender _____

Student Cell
Phone _____
Student Home
Phone _____

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Student Email _____

Current School _____ Other Schools Attended _____

Religion _____ Practicing? _____ Yes _____ No Church or Parish _____

Ethnic Origin: (Circle appropriate ethnic group/s) African-American Asian-American Caucasian Native-American
Pacific Islander Other (Specify) _____

PARENT/GUARDIAN (Person(s) with whom student resides)

Mr./Ms./Mrs.

Mr./Ms./Mrs.

Home Phone Cell Phone

Home Phone Cell Phone

Mailing Address

Mailing Address

Email

Email

Additional PARENT/GUARDIAN

Mr./Ms./Mrs.

Relationship

Business Phone

Cell Phone

Mailing Address

Email

Mr./Ms./Mrs.

Relationship

Business Phone

Cell Phone

Mailing Address

Email

Lumen Christi High School does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan program, athletic programs or any other school administered programs.

Additional Information:

In case you cannot be reached, please list three people that we can call in case of emergency.

Hospital preferred _____

Physician Name _____

Physician Phone: _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Student Page: (Student should complete this page themselves.)

Talents:

Student: Please list the activities in which you are involved: school, church, sports, community, music, art, jobs.

Activities:

Motivations/Special Interests:

Student: As a school with a religious focus, Lumen Christi is interested in students who are motivated to grow spiritually, socially, and academically, at a higher than normal level. Indications that you can be highly motivated are as follows: your dreams and aspirations for your future, important events you have personally been involved with, and a list of people you respect and/or ideas you hold to be valuable.

1. Please share with us something about yourself. (Suggestions: an important event in your life, a person who has influenced you, goals or hopes for your long term future, what you value most, an activity that holds great value for you, etc..)

Future Plans:

Student: Please state why you would like to attend Lumen Christi High School and what you intend to accomplish.

Academic Interests:

Student: Please tell us where your academic interests and talents lie. Do you have “favorite” subjects or do you excel in one area of academics over another?

I HAVE READ THE STUDENT COMMITMENT CONTRACT AND THE STATEMENT ON FAITH AND UNDERSTANDING. I AGREE TO ABIDE BY THEIR TENETS.

Signature of Student_____

Date_____

Parent/Guardian Page:

Discipline History:

Parent: Has your child had any serious disciplinary problems in the last three years (i.e. suspension, expulsion, or conviction of a crime?) ____ Yes ____ No If yes, please explain circumstances and resolution.

Health History: Please (X) any of the following conditions your child has experienced.

____ **Hearing** Yes ____ No ____ Explain: _____
____ **Vision** Yes ____ No ____ Explain: _____
____ **Diagnosed ADD or ADHS** – Since when ____ List current medication _____
____ Will medication be needed in school? Yes ____ No ____ When _____
____ **Allergies** – List _____
____ What happens? _____
____ Is EpiPen prescribed for allergies? Yes ____ No ____ If yes, parent must provide EpiPen.
____ **Asthma** – Is an inhaler used? Yes ____ No ____ How often? _____
____ List medications taken for asthma _____
____ **Diabetes** – Type I or II? ____ When was it diagnosed? ____ Is child prepared should sugar level drop? ____
____ **Seizures** – What type? ____ Last seizure (date) ____
____ Medication taken _____
____ **Episode of loss of consciousness** Yes ____ Explain: _____
____ **Emotional concerns** – Explain: _____
____ **Depression** – Explain: _____

Please list any other recurrent medical problem, unusual illness or personal concerns of which you would like the school to be aware:

____ **My child is healthy and has no health problems.**

Health History Informed Consent

For your child's health protection and educational success, sometimes it is necessary to share health issues on a need-to-know basis as determined by the administrative staff. Your signature gives permission to share this information with school staff. All information is kept confidential.

Parent/Guardian Signature

Date

Lumen Christi High School encourages parent participation in the enrichment of the school environment. Do you have any special talents or interests you would like to share with the students? Please tell us how you can contribute to our school.

TO OUR KNOWLEDGE, THE INFORMATION SUBMITTED ON THIS APPLICATION IS CURRENT AND FACTUAL. WE HAVE READ THE PARENT/GUARDIAN COVENANT AND THE STATEMENT OF FAITH AND UNDERSTANDING AND WE AGREE TO ABIDE BY THEIR TENETS.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

REFERENCES

Student Name: _____

Please provide three references – academic, social and pastoral (if possible).

Name

Telephone Number

Address

City, State & Zip

Name

Telephone Number

Address

City, State & Zip

Name

Telephone Number

Address

City, State & Zip