



# LUTHERAN HIGH SCHOOL OF HAWAII

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For Office Use Only  
GRADE \_\_\_\_\_  
DATE \_\_\_\_\_  
CHECK NO. \_\_\_\_\_

## APPLICATION FOR SUMMER SCHOOL

### PART I: To be completed by parent. Please print or type.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street

City State / Country Zip Home Phone Number

Gender (circle one) M F Date of Birth \_\_\_\_\_ Grade for Fall 2014 (circle one) 6 7 8 9 10 11 12  
Month / Day / Year

School currently attending \_\_\_\_\_ School attending for fall 2014 \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION: Print or Type.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### COURSE SELECTION:

Morning Session

Course Title \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

Course Title \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

Afternoon Session

Course Title \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

Course Title \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

**To be completed by parents/guardians and applicant**

Lutheran High School of Hawaii admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at our school. We do not discriminate on the basis of race, color, national and ethnic origin in administrating of our educational polices, admissions policies, athletic and other school administered programs.

This policy reflects not only Lutheran High's compliance with government regulations, but also our sincere belief that through Jesus, God loves all men and wishes everyone to hear His Word.

If accepted as a summer school student at Lutheran High School of Hawaii, I agree to cooperate with all the rules and regulations in the summer school handbook, and accept instruction of my child in a Christian school teaching Christian values.



\_\_\_\_\_  
Applicant's Signature Date

If our child is accepted as a student at Lutheran High school of Hawaii, I/we agree to support the teachers, administration and policies of the school, accept instruction of my child in a Christian school teaching Christian values.

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_  
Mother's Signature Date

# Lutheran High School of Hawaii Emergency Information

(Please Type or Print Clearly)

Student Name \_\_\_\_\_

Student Cell Number \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child resides with \_\_\_\_\_

Parent's Cell Phone Mom \_\_\_\_\_ Dad \_\_\_\_\_

Emergency contact name (other than parents) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone for Emergency Contact (listed above) \_\_\_\_\_

Student's Birth Date \_\_\_\_\_

Local Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or other conditions the school should know about \_\_\_\_\_

Health Insurance \_\_\_\_\_ Hospital Preference \_\_\_\_\_

I hereby authorize the school to give my child Tylenol as required. Yes \_\_\_\_\_ No \_\_\_\_\_  
Please check ALL applicable: Regular (325 mg) \_\_\_\_\_ Extra Strength (500 mg) \_\_\_\_\_ One tablet \_\_\_\_\_ Two tablets \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the named physician and to follow his/her instructions. If unable to contact the physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_, with no expectation of monetary or material compensation, hereby RELEASE and WAIVE any and all claims arising out of the use by Lutheran High School of Hawaii and its authorized designee of my likeness, and/or my voice on film, videotape, or sound recording, in any commercial, promotion, news program, documentary, educational film, feature film, and/or other program or picture, including still photos, which may be exhibited or broadcast on television, radio, websites, CATV, or reproduced in print media, by means of video cassette records, DVD or in motion picture theaters, schools, or other educational institutions or publications.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_