



2015-2016 New Student Application

FOR GRADE _____

STUDENT INFORMATION	Gender <input type="checkbox"/> M <input type="checkbox"/> F
NAME _____	_____ / _____ / _____
	LAST FIRST MIDDLE
STREET _____	CITY _____ ZIP _____
HOME # _____	FOR STUDENT DIRECTORY <input type="checkbox"/> DO NOT PUBLISH <input type="checkbox"/> OK TO PUBLISH *
DATE OF BIRTH _____	DOCTOR _____ PHONE # _____
SCHOOL LAST ATTENDED _____	PHONE # _____
EMERGENCY CONTACT OTHER THAN PARENTS	
NAME _____	RELATION _____ PHONE # _____
NAME _____	RELATION _____ PHONE # _____
CHURCH STUDENT ATTENDS _____	
ETHNIC ORIGIN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> Other _____	

FAMILY INFORMATION
Applicant lives with (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian, Relationship _____
FATHER/GUARDIAN _____ HOME PHONE (IF DIFFERENT THAN STUDENT) _____
ADDRESS (IF DIFFERENT THAN STUDENT) _____
CELL # _____ E-MAIL ADDRESS _____
OCCUPATION/TITLE _____ FIRM _____
BUSINESS # _____
MOTHER/GUARDIAN _____ HOME PHONE (IF DIFFERENT THAN STUDENT) _____
ADDRESS (IF DIFFERENT THAN STUDENT) _____
CELL # _____ E-MAIL ADDRESS _____
OCCUPATION/TITLE _____ FIRM _____
BUSINESS # _____

FAMILY INFORMATION *Continued*

STEPPARENT'S NAME (if applicable) _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

CELL # _____ E-MAIL ADDRESS _____

OCCUPATION/TITLE _____ FIRM _____

BUSINESS # _____

BROTHERS AND SISTERS

NAME	M / F	AGE	GRADE	SCHOOL

Do you have a church home? Yes No If yes, please list _____

Sierra Lutheran High School looks forward to developing a comprehensive co-curricular activity program for students. The personal interests of enrolled students will be an important factor in designing that program. Please assist us by **checking below the co-curricular interests of this applicant:**

- Performing Arts** Choir Drama Band
- Athletics** Volleyball Basketball Cross Country Golf Track & Field
- Soccer Football Softball Baseball Cheerleading
- Other** Student Government Academic Olympics

Person (s) who will assume financial responsibility for applicant's education at Sierra Lutheran High School

NAME _____

ADDRESS _____

I/we acknowledge that all the aforementioned is accurate and that I/we understand that the required application and testing fee (\$125) is required with this application and that it is non-refundable.

Name (Print) _____ Signature _____

Please contact Pastor Clausen 775-267-1921 to set up your interview. Please select your top three choices for your testing date below.

Placement Test Dates **Applying after January 30 please call the office to schedule your placement test date.**

Early Decision Regular Decision (Placement testing is from 8:00-11:30)

October 25 January 10

November 15 January 24

December 6

Sierra Lutheran High School admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs and activities of the school. It does not discriminate in the administration of its educational policies, admission policies, tuition assistance programs, athletic or other school administered programs. Sierra Lutheran High School is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.

**The student directory is handed out to all families attending SLHS and will contain your address, phone numbers, and email address*

