



APPLICATION FOR ADMISSION

Please Print Legibly

Student Information

Student's full name (legal) Birth Date Name student goes by M / F (circle one) Resides at (address) City Zip code Mailing address (if different) City Zip code Grade Entering Social Security Number Home Phone Ethnicity (if bi-racial, please list both races - we are required to report this information to the ISBE)

Family Information

Father's Name Home Address Home Phone Work Phone Cell Phone Email Employer Occupation Mother's Name Home Address Home Phone Work Phone Cell Phone Email Employer Occupation Other Children in Family 1. age 2. age 3. age 4. age Other parent / guardian 1 (step parents, etc.) Name Relationship Resides with student? Yes No (circle one) Home Phone Work # Cell # Email Employer Occupation Other parent / guardian 2 Name Relationship Resides with student? Yes No (circle one) Home Phone Work # Cell # Email Employer Occupation Other Emergency Contact Name Phone 1 Phone 2

School Information

Current / Previous School _____ Dates attended _____

Street Address _____ City _____ Zip _____

Principal _____ Phone _____ Email _____

Church Information

Church Membership _____ Denomination _____

Street Address _____ City _____ Zip _____

Pastor _____ Phone _____ Email _____

Years attended _____ Student's baptism date ____/____/____

____ We are not members of a church.

Financial Information

Person(s) responsible for paying tuition _____

____ Yes, we are applying for Tuition Assistance (a separate application must be completed).

Upon acceptance of this application, CORLHS will contact you to discuss payment options.

Statement of Intent

We, as parents, desire a quality, Christ-centered, secondary education for our child, and believe Christ Our Rock Lutheran High School will provide this type of education. We understand that education includes a partnership between the parents and the school. Therefore, we will actively support the school and our child's education and will keep open the lines of communication between school and home. We hereby acknowledge that acceptance and continuation of attendance at CORLHS is dependent upon both the students and parents living a lifestyle that is in accordance with Biblical values as taught and promoted by this school.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

I want to attend Christ Our Rock Lutheran High School and will do my best to be an asset to the student body.

Student Signature _____ Date _____

My above signature signifies that I understand that photographs of applicant taken at school or school sponsored activities may be used for publicity of Christ Our Rock Lutheran High School. According to FERPA (1974), information will not be disclosed to unprivileged individuals or groups and information will be given to specific individuals only with proper consent.

My above signature signifies that I give permission to include our name, address, and phone number in the CORLHS directory.

My above signature signifies that I give CORLHS permission to obtain the recommendations required as part of the application process.

Christ Our Rock Lutheran High School admits students of any race, color, sex, and national or 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, sex, or national or ethnic origin in the administration of its educational policies, admission policies, financial assistance, and other school administered programs.

Please return completed Application for Admission with the \$50.00 application fee to:

Christ Our Rock Lutheran High School
9545 Shattuc Road
Centralia, IL 62801

Please contact us at (618) 226-3315 with any questions.