



Fox Valley Lutheran High School Student Application for Admission

Office Use Only	
<input type="text"/>	Graduation Year
<input type="text"/>	Registration Fee Paid
<input type="text"/>	Church Affiliation
<input type="text"/>	School District

Instructions

1. Complete this form by supplying all requested information.
2. Prior to August 15, attach a check for \$25 payable to Fox Valley Lutheran High School. The application fee becomes \$125 after August 15, and throughout the school year. This fee is non-refundable.
3. Mail completed form and fee to Fox Valley Lutheran High School
5300 N. Meade Street
Appleton, WI 54913
4. Further questions can be directed to the Principal or to Guidance Counselors at (920) 739-4441.

Payment Plan

Parents/Guardians, please choose one

- Full payment by 7/31 (\$50 off per student)
- Semi-annual payments by 7/31 & 1/15
- Monthly electronic payments (register on line)

Student/Family Information

Student Information	Student Name	Last	First	Middle
	Address	Street		
		City	State	Zip Code
		Social Security Number (required)		
		Your Public School District		
		Newspaper(s) you want notified with press release info.		
	Telephone	Home ()	Cell ()	
Birth Date		Male <input type="checkbox"/> Female <input type="checkbox"/>	Race	
Entering Grade		Language Spoken in Home		

Father/Guardian Information	Father's Name		FVL Grad? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address	Street		
		City	State	Zip Code
		Email		
	Employer		Position	
Telephone	Work ()	Cell ()	Home ()	

Mother/Guardian Information	Mother's Name		FVL Grad? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address	Maiden Name		
		Street		
		City	State	Zip Code
		Email		
	Employer		Position	
Telephone	Work ()	Cell ()	Home ()	

Payor Info.	Primary Payor	Name
	Additional Payor(s)	Name(s)



Student/Family Information continued

Emergency Contact Information (not mother or father)

Name			
Telephone	Work ()	Cell ()	Home ()

Additional Information

Parent/Guardian Church Affiliation	WELS (Federation) <input type="checkbox"/> WELS (Non-Federation) <input type="checkbox"/> Non WELS <input type="checkbox"/>	
	Church Name	
	Church City	
List children currently attending FVL	Name	Grad year
	Name	Grad year
	Name	Grad year
	Name	Grad year
List children who have attended FVL	Name	Grad year
	Name	Grad year
	Name	Grad year
	Name	Grad year

Student Educational Background

Elementary School	
High School/Junior High (if transfer student)	

Do you have a physical/medical problem or disability that would affect your education?

Yes No

If "yes," please explain _____

Signature

Signing this form gives FVL authorization to release photos and promotional information.

If there are legal reasons your child/student should not be photographed or videotaped, please check this box.

In applying for admission to Fox Valley Lutheran High School, I agree to abide by its procedures and regulations in a spirit of Christian Partnership.

Date	Student Signature	Parent Signature
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Both sides of the form must be completed