



Bishop Luers High School

Application for Admission

Thank you for considering Bishop Luers High School! We're proud to welcome you as a member of the Bishop Luers family.

Please complete this application carefully. All applications must be accompanied by:

1. A COPY OF OFFICIAL BIRTH CERTIFICATE
2. A TRANSCRIPT OR LAST REPORT CARD FROM THE CURRENT SCHOOL
3. A COPY OF THE STUDENT'S MOST RECENT ISTEP RESULTS

Please submit this application to the school office for review. The principal will contact you via letter or phone call regarding your acceptance at Bishop Luers High School. A registration fee of \$120 is due upon acceptance (\$150 for registration after March 31st). **ALL FEES ARE NON-REFUNDABLE.**

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____
 Current Grade _____ Birth Date ____ / ____ / ____ Male _____ Female _____ Race _____
 Street Address _____ City: _____ Zip: _____
 Home Phone _____ Cell Phone _____
 Current School _____ Catholic Parish where family is registered: _____
 Is English the primary language used in your home? Yes _____ No _____ If no, what language is used? _____
 Has the child been tested for special education purposes? Yes _____ No _____
 Testing results: _____
 Does the child receive special education services in the current school? Yes _____ No _____

PARENT INFORMATION

Father's/Guardian's name _____ Work Number _____
 Email Address _____ Luers Grad? Yes _____ No _____
 Mother's/Guardian's name _____ Work Number _____
 Email Address _____ Luers Grad? Yes _____ No _____
 Marital Status: Married _____ Widower _____ Separated _____ Divorced _____
 With whom does the student reside? _____

I give permission for Bishop Luers High School to contact the current school for the purpose of completing the admissions process. This would include, but not be limited to, information regarding attendance, academic progress, discipline, and tuition status.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

PLEASE NOTE THAT IT IS DIOCESAN POLICY THAT A SCHOOL SHALL NOT ACCEPT A CHILD FROM ANY OTHER DIOCESAN/PARISH SCHOOL WHOSE TUITION AND FEES ARE NOT PAID IN FULL.

Cash _____ Check# _____ Date ____ / ____ / ____

Development _____ Business _____ Guidance _____ Athletics _____ Bookstore _____ Front Office _____