



APPLICATION FOR ADMISSION - INTERNATIONAL STUDENT

School Year: 2023-24

This application must be submitted with a \$250.00 commitment fee. This fee is non-refundable.

Entering Grade Level (circle one) 7 8 9 10 11 12 Date of Birth

Student's Full Name Last First Full Middle Name Prefers

Gender Student Home Phone Student Cell Phone

Home Address Street City State Zip

Mailing Address Street City State Zip

Current Grade Level & School Other Schools Attended

Race/Ethnicity (Circle all that apply): African-American Asian-American Caucasian Native-American Pacific Islander Hispanic Other (Specify)

Student Resides With: Both Parents Mother Only Father Only Mother & Stepfather Father & Stepmother Legal Guardian Other, please specify

PARENT/GUARDIAN (Person(s) with whom student resides) form with fields for Mr./Ms./Mrs., Mailing Address, Home Phone, Work Phone, Cell Phone, Employer, Occupation/Title, and Email.

ADDITIONAL PARENT/GUARDIAN (Person(s) with whom student does not reside)

Mr./Ms./Mrs. _____

Mr./Ms./Mrs. _____

Relationship _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Home Phone _____

Work Phone _____

Cell Phone _____

Mailing Address _____

Mailing Address _____

Email _____

Email _____

RELIGION

Religion _____ Practicing? ____ Yes ____ No Church or Parish _____

Has your child been baptized? ____ Yes ____ No Has your child been confirmed? ____ Yes ____ No

EMERGENCY CONTACTS

In case you cannot be reached, please list three people that we can call in case of emergency.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Hospital preferred _____

Physician Name: _____

Physician Phone: _____

DISCIPLINE HISTORY

Has your student had any serious disciplinary problems in the last three years (i.e. suspension, expulsion, or conviction of a crime?) ____ Yes ____ No If yes, please explain circumstances and resolution.

HEALTH HISTORY

Please (X) any of the following conditions your student experiences/has experienced.

_____ **Hearing** Explain: _____

_____ **Vision** Explain: _____

_____ **Diagnosed ADD or ADHS** – Since when _____ List current medication _____

Will medication be needed in school? Yes _____ No _____ When _____

_____ **Allergies** – List _____

What happens? _____

Is EpiPen prescribed for allergies? Yes _____ No _____ If yes, parent must provide EpiPen.

_____ **Asthma** – Is an inhaler used? Yes _____ No _____ How often? _____

List medications taken for asthma _____

_____ **Diabetes** – Type I or II? _____ Diagnosed When? _____ Is child prepared should sugar level drop? _____

_____ **Seizures** – What type? _____ Last seizure (date) _____

Medication taken _____

_____ **Episode of loss of consciousness** Explain: _____

_____ **Emotional concerns** – Explain: _____

_____ **Depression** – Explain: _____

Please list any other recurrent medical problem, unusual illness or personal concerns of which you would like the school to be aware:

_____ My child is healthy and has no known health problems.

_____ I authorize over the counter (OTC) medications (e.g., Ibuprofen, cough drops) to be given to my student upon their request in the Front Office.

For your child’s health protection and educational success, sometimes it is necessary to share the information on this application amongst staff on a need-to-know basis. Your signature gives permission for this sharing to happen. All information is kept strictly confidential.

Parent/Guardian Signature

Date

FAMILY CONTACT INFORMATION

LCCHS does not routinely share contact information of enrolled families. There are times however (group class projects, school events, etc) where the Office may receive a request from an enrolled family for contact information for another enrolled family. Please indicate authorization to release any of the following information on an as requested basis within the school community only:

Parent/Guardian names, physical address, mailing address, family email, home phone, cell phone, work phone, student(s) name and grade.

YES or NO

MEDIA RELEASE

Parent and student permission is required to use a person’s photograph, voice, and/or name in various media projects. **I DO NOT consent to the media release (please initial)_____.**

To grant consent, please read the following, date and sign.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use of and editing thereof and release Lumen Christi High School and its employees and assignees from any and all claims resulting from such use editing in school related media, and use, sale, editing, and release to the newspapers, radio and television stations; and use on the Internet

Signature of Person Participating

Date

The above consent and release is hereby ratified and approved.

Parent/Legal Guardian
(Parent/Legal Guardian signature is required if the participant is under 19 years of age.)

Date

PLEASE NOTE: Your permission for sharing contact information within the school community and the Media Release are valid for the remainder of the student’s enrollment at Lumen Christi High School unless changes are requested by the parent(s) or legal guardians.

TO OUR KNOWLEDGE, THE INFORMATION SUBMITTED ON THIS APPLICATION IS CURRENT AND FACTUAL.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Notice of Non-Discrimination Policy as it applies to Students and Employees: Lumen Christi Catholic High School operates in compliance with Title VI of the Civil Rights Act of 1964 and the non-discriminatory requirement of Title IX of the Education Amendments of 1972. Lumen Christi admits students of any race, gender, color, national, and ethnic origin to all of the programs and activities accorded or made available to the students at the school. It does not discriminate on the basis of race, gender, color, national, or ethnic origin in the administration of its educational, admissions, or hiring policies; scholarship and loan programs; or any other school administered programs. Since Lumen Christi is a Catholic institution that promotes Catholic faith, it reserves the right to make decisions based on religious grounds.

Student Page: *(Student should complete this page themselves.)*

Talents:

Please list any activities you're involved in - you can include things like sports, community or church groups, music, art, jobs, hobbies.

Motivations/Special Interests:

As a school with a religious focus, we encourage our students to grow spiritually, socially, and academically at a higher than normal level. To help us get to know you, please tell us about someone or something that motivates you. If you need a suggestion - tell us about an important event in your life (good or bad) and what you learned from it. Or maybe tell us about a person who has influenced you, or what your hopes for the future are.

Academic Interests:

Please tell us your favorite things (and least favorite things!) about school. Do you have a favorite subject? What classes are easiest for you? Which are hardest?

Future Plans:

Please tell us why you would like to attend Lumen Christi and what you intend to accomplish.

Signature of Student _____

Date _____