



Fox Valley
LUTHERAN H.S.
 5300 N. Meade Street
 Appleton, WI 54913

OFFICE USE ONLY
 Graduation Year _____
 Reg. Fee Paid _____
 Church Affiliation _____
 School District _____

STUDENT APPLICATION FOR ADMISSION

INSTRUCTIONS:

1. Complete this form by supplying all requested information.
2. For summer applicants, attach a check for \$25 payable to Fox Valley Lutheran High School. The application fee becomes \$115 one week prior to the start of 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 St., Appleton, WI 54913
4. Further questions can be directed to the Principal or Guidance Counselors at 920.739.4441.
5. **Transfer students** must complete a transcript request form to give to their current school counselor.

Payment Plan - check 1
 Full payment by 7/31 (\$50 off per student)
 Semi-annual payments by 7/31 & 1/15
 Monthly electronic payments

STUDENT/FAMILY INFORMATION

STUDENT NAME _____
 (last) (first) (middle) (name student prefers)

ADDRESS _____ MILES FROM FVL _____
 (street) (city) (state) (zip code)

TELEPHONE _____ HOMETOWN NEWSPAPER _____
 (area) telephone # *Signing this form gives FVL authorization to release photos & promotional info.*

BIRTH DATE _____ Male Female ENTERING GRADE _____ RACE _____
 (month - day - year)

STUDENT SOCIAL SECURITY NO. _____ (REQUIRED)

FATHER'S NAME _____ FVL GRAD? Y N

ADDRESS _____ E-MAIL _____

EMPLOYER _____ POSITION _____ WK PHONE _____

MOTHER'S NAME _____ MAIDEN _____ FVL GRAD? Y N

ADDRESS _____ E-MAIL _____

EMPLOYER _____ POSITION _____ WK PHONE _____

EMERGENCY CONTACT (not mother/father) _____ PHONE _____

PARENT/GUARDIAN CHURCH AFFILIATION: WELS (Federation) WELS (Non-Fed) Non-WELS

CHURCH _____ CITY _____

LIST CHILDREN CURRENTLY ATTENDING FVL: _____

LIST CHILDREN WHO HAVE ATTENDED FVL: _____

EDUCATIONAL BACKGROUND

ELEMENTARY SCHOOL _____ PUBLIC SCHOOL DISTRICT _____

HIGH SCHOOL/JUNIOR HIGH (if transfer student) _____

Do you have any physical/medical problem or disability that would affect your education? YES NO

If "yes," please explain _____
 (Students unable to participate in Physical Education classes must present a written statement from their doctor.)

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 _____