

DENVER LUTHERAN High School

NURTURING ACADEMIC EXCELLENCE
ENCOURAGING GROWTH IN CHRIST

APPLICATION FOR ADMISSION 2010-2011

Please fax or mail to: Office of Admissions
Denver Lutheran High School
3201 W. Arizona Ave.
Denver, CO 80219
Phone: 303-934-2345 Fax: 303-934-0455

STUDENT INFORMATION

Applicant Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Gender M F Age _____ Date of Birth _____
Please circle.
Father's Email Address _____ Mother's Email Address _____
Social Security Number _____ Race/Ethnicity (optional) _____
Applicant's Present School _____ Grade Entering 9 10 11 12
Please circle.

FAMILY INFORMATION

Applicant lives with (check all that apply)

_____ Father _____ Stepfather
_____ Mother _____ Stepmother
_____ Other, Relationship _____

Check any that apply

_____ Father is deceased _____ Mother is deceased
_____ Parents are separated _____ Parents are divorced
_____ Other (explain) _____

Father's Name _____

Home Address (if different from applicant's address) _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax _____

Occupation and Place of Employment _____

Are you a DLHS graduate? Yes No Class of _____ Race/Ethnicity (optional) _____
Please circle.

Mother's Name _____

Home Address (if different from applicant's address) _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax _____

Occupation and Place of Employment _____

Are you a DLHS graduate? Yes No Class of _____ Race/Ethnicity (optional) _____
Please circle.

FAMILY INFORMATION *Continued*

Stepparent's Name (if applicable) _____

Address (if different from applicant's address) _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax _____

Occupation and Place of Employment _____

Are you a DLHS graduate? Yes No Class of _____ Race/Ethnicity (optional) _____
Please circle.

Brothers and Sisters

| Name | M/F | Age | School |
|-------|-----|-----|--------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Religious Affiliation

Parish or Church Membership _____ City _____

Denomination _____ If Lutheran, what Synod? LCMS ELCA WELS
Please circle.

_____ Student is not a member of any church at this time.

Baptized? Yes No Year _____
Please circle.

TUITION PAYMENT INFORMATION

Student's Name _____ **Grade entering** _____

Siblings attending DLHS during the 10-11 school year _____

Person(s) responsible for paying tuition

Name _____ % _____ Home phone _____ Work phone _____

Address _____ City _____ Zip _____

Signature of responsible party _____ Date _____

Name _____ % _____ Home phone _____ Work phone _____

Address _____ City _____ Zip _____

Signature of responsible party _____ Date _____