

**APPLICATION FOR RE-ENROLLMENT
2010-2011**
(Please print or type all information)

Please return this form with student needs form and fee to DLHS no earlier than 2/12/10, 7:30 a.m.

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)

Check any that apply

Father Stepfather Father is deceased Mother is deceased
 Mother Stepmother Parents are separated Parents are divorced
 Other, Relationship _____ 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 _____