



# Colorado Lutheran High School Association 2010 Referral Form

**Form must be received by Lutheran High School by June 30, 2010.**

|   |   |
|---|---|
| Student Name _____  | Sibling information<br>can go on the back!! |
| Current School _____  |   |
| 09-10 Grade Level – Please Circle:      5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>   |   |
| Address _____   |   |
| City _____  | Zip _____                                   |
| Home Phone _____  | Cell Phone _____                            |
| Student Email Address _____   |   |
| Please check: <input type="checkbox"/> I give Lutheran High School permission to use my information stated above to contact me by mail/phone/email with information about Lutheran High School. This information will not be shared with any other businesses or organizations. |   |
| Student Signature _____   | Date _____                                  |
| Parent(s)/Guardian(s) Name _____  |   |
| Address (If different from student above) _____   |   |
| City _____  | Zip _____                                   |
| Home Phone _____  | Cell Phone _____                            |
| Parent(s)/Guardian(s) Email Address _____   |   |
| Please check: <input type="checkbox"/> I give Lutheran High School permission to use my information stated above to contact me by mail/phone/email with information about Lutheran High School. This information will not be shared with any other businesses or organizations. |   |
| Parent/Guardian Signature _____   | Date _____                                  |

|   |  |
|---|--|
| Note: This form must be filled out in its entirety (including the checking of the consent boxes) for credit to be received. |  |
| Name of Referring Lutheran High School Student: _____   |  |
| Parent/Guardian Name: _____   |  |
| Parent/Guardian Signature: _____  | Date _____   |
| Date of referral submission to Lutheran High School _____   |  |
| Referrals can be mailed or faxed:   | c/o Mr. Ryan Bredow<br>Colorado Lutheran High School Association<br>3201 W Arizona Ave<br>Denver, Colorado 80219    Fax: 303-934-0455    Phone: 303-934-2345 |

