

# LUMEN CHRISTI

HIGH SCHOOL

## APPLICATION FOR ADMISSION

School Year: \_\_\_\_\_

This application must be submitted with non-refundable \$100.00 commitment fee as well as a **copy of immunization records, copies of the most recent official academic transcript and standardized test scores. No student will be admitted without immunization records (legal requirement of State of Alaska).** Once admitted, there will be a non-refundable book and technology fee of \$300.00.

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

Student's Full Name \_\_\_\_\_ Prefers \_\_\_\_\_  
Last First Full Middle Name

Gender \_\_\_\_\_ Student Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Student Email \_\_\_\_\_

Current School \_\_\_\_\_ Other Schools Attended \_\_\_\_\_

### Can we administer the following to your child during school hours?

OTC Tylenol or Ibuprofen (Circle One) Yes No Call First

Cough Drops (Circle One) Yes No Call First

### PARENT/GUARDIAN (Person(s) with whom student resides)

Mr./Ms./Mrs. \_\_\_\_\_

Mr./Ms./Mrs. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Work Phone Cell Phone

Home Phone Work Phone Cell Phone

Employer Occupation/Title

Employer Occupation/Title

Email \_\_\_\_\_

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 \_\_\_\_\_ Practicing?  Yes  No Church or Parish \_\_\_\_\_  
Has your child been baptized?  Yes  No Has your child been confirmed?  Yes  No

**Ethnic Origin: (Circle appropriate ethnic group/s):** African-American    Asian-American    Caucasian    Native-American  
Pacific Islander    Hispanic    Other (Specify) \_\_\_\_\_

**Child Resides With:**  Both Parents     Mother     Father     Mother & Stepfather     Father & Stepmother  
 Legal Guardian     Other

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

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

Hospital preferred \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Discipline History:**

**Parent:** Has your child 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.

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**Health History:** Please (X) any of the following conditions your child has experienced.

**Hearing** Yes  No  Explain: \_\_\_\_\_

**Vision** Yes  No  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? \_\_\_\_\_ When was it diagnosed? \_\_\_\_\_ Is child prepared should sugar level drop? \_\_\_\_\_

**Seizures** – What type? \_\_\_\_\_ Last seizure (date) \_\_\_\_\_

Medication taken \_\_\_\_\_

**Episode of loss of consciousness** Yes  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:

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

**Health History Informed Consent**

For your child’s health protection and educational success, sometimes it is necessary to share health issues on a need-to-know basis as determined by the administrative staff. Your signature gives permission to share this information with school staff. All information is kept confidential.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**School Directory Information:** I hereby authorize for release of the following information in the LCHS Directory: 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** \_\_\_\_\_  
**Date**  
**(Parent/Legal Guardian signature is required if the participant is under 19 years of age.)**

**PLEASE NOTE: Your permission for the School Directory and the Media Release are valid for the remainder the student's enrollment at Lumen Christi High School unless changes are requested by the parent(s).**

**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:**

**Student:** Please list the activities in which you are involved: school, church, sports, community, music, art, jobs.

**Activities:**

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**Motivations/Special Interests:**

**Student:** As a school with a religious focus, Lumen Christi is interested in students who are motivated to grow spiritually, socially, and academically, at a higher than normal level. Indications that you can be highly motivated are as follows: your dreams and aspirations for your future, important events you have personally been involved with, and a list of people you respect and/or ideas you hold to be valuable.

**Please share with us something about yourself. (Suggestions: an important event in your life, a person who has influenced you, goals or hopes for your long term future, what you value most, an activity that holds great value for you, etc..)**

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**Future Plans:**

**Student:** Please state why you would like to attend Lumen Christi High School and what you intend to accomplish.

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**Academic Interests:**

**Student:** Please tell us where your academic interests and talents lie. Do you have “favorite” subjects or do you excel in one area of academics over another?

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**Signature of Student** \_\_\_\_\_

**Date** \_\_\_\_\_

**REFERENCES**

Student Name: \_\_\_\_\_

Please provide three references – academic, social and pastoral (if possible). Lumen generally checks at least one reference to ensure a student’s potential success at Lumen Christi. Other references may be checked at the discretion of the Principal.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip