



APPLICATION FOR ADMISSION
ST. CROIX LUTHERAN HIGH SCHOOL

1200 Oakdale Avenue, West St. Paul, Minnesota 55118



Office Use: Payment Amount
Date Check No. Initials

Full Name Last First Middle Male Female

Address Street City State Zip
County

Home Telephone Soc. Sec. # Resident School District #

Date of Birth Place of Birth (City and State)

Racial/Ethnic Origin: Caucasian African American Hispanic
American Indian Asian Other

Names of Parents/Guardians: Father Mother
(S.S. #)

Non-custodial Parent's Name

Address:
Phone # Should non-custodial parent receive mailings from school? yes no

Father - Occupation Business/Company Phone
Cell Phone Do you want to receive daily announcements via e-mail? yes no
e-mail address

Mother - Occupation Business/Company Phone
Cell Phone Do you want to receive daily announcements via e-mail? yes no
e-mail address

School last attended (name and full address):

Grade Completed

Church Membership: Name of church Pastor
Synod/Denomination City
Confirmed? no yes (year)

Brothers/Sisters in Family: (list name of each, year in school, any St. Croix grads?)

NOTICE: As the person responsible for expenses, I hereby understand and agree that no grades, credits, or transcripts for the above-named students will be released by the school until all financial obligations to the school have been met.

Signed Print name Date
(Parent/Guardian responsible for expenses)

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Please include a \$50.00 non-refundable Application Fee. This fee is waived for freshmen who enroll by March 13, 2009, and for sophomores-seniors who enroll/re-enroll before April 17, 2009. Upon time of enrollment, the \$265.00 non-refundable Registration Fee is due.