



Risen Christ Lutheran High School Application for Admission

Applying for grade _____ for _____ (school year) Today's Date ____/____/____

Student Information

Full name of this student: _____ Birth Date ____/____/____

Citizen of: _____ Sex M / F SSN ____ - ____ - ____ or Passport # _____
(International Students attach a copy of your passport)

Student current residence: _____

Student Church Membership _____ Baptism/Dedication Date _____

Church Address _____ Pastor Name _____

Family Information (student lives with both parents Father Mother other)

Father's Name _____ Occupation _____

Home / Mailing Address _____ State ____ Zip _____

Place of Employment _____

Business Address _____ State ____ Zip _____

Home Ph. (____) ____ - ____ Bus. Ph. (____) ____ - ____ Cell Ph. (____) ____ - ____

Email address: _____

Mother's Name _____ Occupation _____

Address (if different from above) _____ State ____ Zip _____

Place of Employment _____

Business Address _____ State ____ Zip _____

Home Ph. (____) ____ - ____ Bus. Ph. (____) ____ - ____ Cell Ph. (____) ____ - ____

Email address: _____

All bills for school fees should be sent to: (provide name, address, and e-mail if address is different from above)

Siblings (names, age, present school) _____

International Students:

Sponsor/Homestay Temporary Guardians: _____

Address: _____

Phone: _____

Certified letter from parents / legal guardians stating guardianship to the above.

School History

- 1. Present School _____ Phone (____) ____ - _____
 Mailing Address _____ State _____ Zip _____
 Name of Current Teacher _____ Dates Attended _____
- 2. Previous School _____ Phone (____) ____ - _____
 Mailing Address _____ State _____ Zip _____
 Name of Current Teacher _____ Dates Attended _____
- 3. Previous School _____ Phone (____) ____ - _____
 Mailing Address _____ State _____ Zip _____
 Name of Current Teacher _____ Dates Attended _____

Personal History: Has the applicant ever been enrolled in any special tutorial classes, programs or activities to address social, physical or academic challenges? If yes please explain _____

Has the applicant ever been tested for or diagnosed with: (check all that apply)

- Autism Attention Deficit/Hyperactivity Disorder Obsessive Compulsive Disorder

Has the applicant has educational testing for any learning differences or disabilities?

If yes, please explain, including the name of the testing facility and relevant details:

Please explain below your reason for selecting Risen Christ Lutheran School for this student and your goals for this student while at Risen Christ. Please be as specific as possible:

References/Recommendations

For students applying to Risen Christ School, enter below the names of the applicant’s current English and mathematics teachers. If one individual teaches both subjects this year, list also the name of the applicant’s homeroom/lead teacher for the previous school year. The teachers may be asked for a recommendation of this student.

1. _____
 Name & Relationship to applicant Address Phone

2. _____
 Name & Relationship to Applicant Address Phone

By Signing below, I pledge that the information contained in this application is truthful and accurate. I also grant permission to this student’s former school/s to release all necessary records and information to Risen Christ Lutheran School. I also agree that I will make payments as outlined in the financial agreements. I also understand that my child/student will participate in the daily Christian prayers and activity of Risen Christ Lutheran School.

Parent/Guardian Signature

Date

A nonrefundable \$100.00 fee is due with the application. Application for admission will not be considered until fee is received.
*Risen Christ accepts students of any race, color, religion, and national origin, subject to their ability to meet the school’s academic standards and depending upon the availability of openings in each grade. Mail the application to: **RCLS Admissions***

**10595 North Kings Hwy
Myrtle Beach, SC 29572**