



# Illinois Lutheran High School

## International Student Application for Admission

### Instructions:

1. Complete this form by supplying all requested information. Student application will not be considered until all required materials are submitted.
2. Send completed form, all required materials and \$250 application fee to Mr. Moeller, Principal:  
Illinois Lutheran High School  
1610 Main Street  
Crete, IL 60417
3. Direct all questions to Mr. Moeller  
Email: mmoeller@ilhs.org Phone: 708-672-3262, ext. 105

### Payment Information

Parent/Guardian, please read financial terms

\*Payments can be paid in full or in two installments by 7/31 and 1/15

\*First payment minimum will be 65% of total billing statement.

### Family Information

Student Information (all information needed for I-20 purposes)

Student Name	Last	First	Middle
	Preferred Name/ Nickname		
Address	Street		
	City		
	State/ Province		
	Postal Code (required)		
Telephone	Home	Cell	
Birth Date (mm/dd/yyyy)	Male <input type="checkbox"/> Female <input type="checkbox"/>		Race
Country of Birth	Country of Citizenship		
Entering Grade	Have you ever been issued an I-20 before?		
Student Email	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If "Yes" by which institution?		

### Father/ Guardian Information

Father's Name	Last	First
Email		
Employer	Occupation/ Position	
Telephone	Work	Home

Mother/ Guardian Information

Mother's Name	Last	First
Email		
Employer	Occupation/ Position	
Telephone	Work	Home

**Additional Information**

Agency Contact Information (or emergency contact if no agent exists)

Name		
Email		
Billing Information	Billing sent to this email Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which email?	Telephone

**Student Educational Background**

English Proficiency	Test Taken SLEP <input type="checkbox"/> TOEFL <input type="checkbox"/> other <input type="checkbox"/>	
	Score	Date of Test

Please list the previous schools attended

School	School Name	Grade
	Dates of attendance	City
	Address	Postal Code
	State/Country	Fax Number
	Phone Number	
School	School Name	Grade
	Dates of attendance	City
	Address	Postal Code
	State/Country	Fax Number
	Phone Number	
School	School Name	Grade
	Dates of attendance	City
	Address	Postal Code
	State/Country	Fax Number
	Phone Number	

Do you have a physical/medical problem or disability that would affect your education? Yes  No

If "yes" please explain \_\_\_\_\_

**Signatures**

Signing this form gives Illinois Lutheran the authorization to release photos and promotional information.

If there are legal reasons your child/student should not be photographed or videotaped, please check this box

In applying for admission the Illinois Lutheran High School, I agree to abide by its procedures and regulations in a spirit of Christian Partnership.

\_\_\_\_\_

Date

Student's Signature

Parent's Signature