



Illinois Lutheran High School

International Student Application for Admission

Instructions:

- Complete this form by supplying all requested information. Student application will not be considered until all required materials are submitted.
- Send completed form and all required materials electronically to Mr. Joe E. Archer, School Principal- jearcher@ilhs.org or to:

Illinois Lutheran High School
1610 Main Street
Crete, IL 60417
- Direct all questions to Mr. Archer
Email- jearcher@ilhs.org Phone- (708)672-3262

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	Cell Home

Mother/ Guardian Information

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