



Central Wisconsin Lutheran High School

2026-2027 New Student Enrollment Form

Student First Name: _____ Grade 2026-27 9 or 10

Middle Name: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ Country: _____ Zip: _____

Student Date of Birth: _____ Gender(circle): Male Female

Student Race: _____ Student Cell Phone: _____

Parent Information

Primary Contact Parent/ Guardian

Secondary Contact Parent/Guardian

Name: _____

Name _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

List Family in Directory? Yes No

List Family in Directory? Yes No

Relationship to Student: _____

Relationship to Student: _____

Custodial Rights _____

Custodial Rights _____

Financial Responsibility _____

Financial Responsibility _____

Receive Correspondence _____

Receive Correspondence _____

Marital Status: _____

Marital Status: _____

Email Address 1:

Email Address 1:

Email Address 2:

Email Address 2:

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Current Church: _____

Current Church: _____

Religious Affiliation: _____

Religious Affiliation: _____

Emergency Information

Emergency Contacts- In addition to the parents, please list persons we may contact in the event of an

Emergency: _____

Authorized Pickups- In addition to the parents, please indicate persons authorized to pick up this student: _____

Additional Information

Most Recent School Attended: _____

School City: _____ Grade Completed: _____

Has the student experienced any discipline/conduct problems, school suspensions, grade retention, double promotions, etc.? Yes No

Student Religious Affiliation: _____

Current Church/Congregation: _____

Does one parent/guardian work at an LCMS institution (school, church, etc)? Yes No

Name/Place of Institution: _____

Does one parent/guardian work at another religious institution (school, church, etc)? Yes
No

Name/Place of Institution: _____

Siblings

Sibling 1: _____ Age _____ Sibling 2: _____ Age _____

Sibling 3: _____ Age _____ Sibling 4: _____ Age _____

We, the undersigned:

Agree to abide by the Central Wisconsin Lutheran High School guidelines as outlined in the student handbook according to all policies.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Other Required Documents/Information

_____ An up-to-date report card from the student's current school or a screen shot of current grades (This should include the current classes your student is taking in 8th or 9th grade)

_____ Financial Agreement Form

_____ Medical/ Immunization Form

_____ Agreement with Student Handbook Policy Form

Completion and signature of this Form constitute all parties' agreement to fulfill the following:

A. Tuition and fees will be paid as billed. (Payment of all financial obligations.)

B. Student's grades, credits and transcripts will not be issued or released until all applicable tuition and fees are paid. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month.

C. Agree to abide by the Central Wisconsin Lutheran High School guidelines as outlined in the student handbook according to all policies.