

# PARENT/GUARDIAN INFORMATION

Please indicate E-mail addresses not accessible to students and select one which should be used as the primary contact.

## Parent 1/Guardian

Title (Ms., Mr., Mrs., Dr.) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

*Home address if different from applicant's address*

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Position: \_\_\_\_\_

Stepparent name (if applicable): \_\_\_\_\_

Stepparent Occupation: \_\_\_\_\_

## Parent 2/Guardian

Title (Ms., Mr., Mrs., Dr.) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

*Home address if different from applicant's address*

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Position: \_\_\_\_\_

Stepparent name (if applicable): \_\_\_\_\_

Stepparent Occupation: \_\_\_\_\_

(over)

Student lives with:

Brothers/Sisters (names and ages):

How did you learn about SLHS?

Do you have family members who have attended SLHS? Yes ( ) No ( )

If so, please list names, relationship and dates of attendance.

Please state why you want your student to attend Seattle Lutheran High School

Signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Seattle Lutheran High School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.*