



VALLEY LUTHERAN MIDDLE & HIGH SCHOOL

4520 Rownd Street, Cedar Falls, IA 50613
Tel: (319) 266-4565 FAX: (319) 266-4054



2008-09 EXTENSION STUDENT REGISTRATION

Please print or type all information.

STUDENT INFORMATION:

GRADE LEVEL FOR 2008-09: 9 10 11 12

LEGAL NAME _____ / _____ / _____
(Last) (First) (Middle)

STREET _____ CITY _____ ZIP _____

HOME PHONE (____) _____-_____ CELL PHONE (____) _____-_____

DATE OF BIRTH ____/____/19____ AGE _____ GENDER: M F SOC. SEC. # _____-____-____

EMAIL _____

HOME SCHOOL ATTENDED YES NO ; Other (please specify) _____

ADDRESS _____ PHONE NUMBER (____) _____-_____

EMERGENCY CONTACT OTHER THAN PARENTS: _____

RELATIONSHIP _____ PHONE NUMBER (____) _____-_____

CHURCH STUDENT ATTENDS _____

ETHNIC ORIGIN (Optional) African-American Asian Caucasian Hispanic Native American

PARENT/GUARDIAN INFORMATION:

FATHER _____ EMPLOYER _____

CELL PHONE (____) _____-_____ WORK PHONE (____) _____-_____ EXT. _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

EMAIL ADDRESS _____

MOTHER _____ WORK OUTSIDE OF HOME? Y N if so, employer _____

CELL PHONE (____) _____-_____ WORK PHONE (____) _____-_____ EXT. _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

EMAIL ADDRESS _____

Grade Reports should be sent to: _____

Valley Lutheran Middle & High School – “Where faith and knowledge grow as one”.



**COURSE REGISTRATION FORM
Valley Lutheran Course Offerings For
Home School Students
2008-2009 School Year**

THE SCHOOL'S COMMITMENT: Valley Lutheran is a Christ-centered School where the Bible is at the center of the curriculum. Also, this School is committed to a hand-in-hand partnership with parents in the education of their children, recognizing the parents' primary responsibility (Ephesians 6:1-4).

THE STUDENT'S COMMITMENT: I am registering for the following course(s) to be offered by Valley Lutheran High School to Home School students, beginning in September 2008. It is my understanding that these courses will be taught by Valley Lutheran staff. Classes will meet once each week for a 1 1/2 hour- 2 1/2 hour period (unless otherwise indicated). Class meeting day and time will be negotiated with the instructor. I understand that the tuition for a two semester course is \$300. This is based on a minimum enrollment of three students and does not include the cost of textbooks.

<u>Department</u>	<u>Course Title</u>	<u>(Sign for each course desired)</u>
Science	General Chemistry	_____
	Biology.....	_____
	Physics.....	_____
	Astronomy (first semester).....	_____
	Earth Science (first semester).....	_____
	Physical Science (second semester).....	_____
English	World Literature.....	_____
Social Studies	American Government (first semester).....	_____
Mathematics	*Math Lab.....	_____
Languages	Spanish I.....	_____

(* Classes will meet 2 X per week for this course.)

I/We approve _____ registration for the above course(s) at Valley Lutheran High School and are enclosing the registration deposit of \$ 50.00. The deposit goes toward the \$300 payment for the first class taken.
(Student Name)

Lutheran High School and are enclosing the registration deposit of \$ 50.00. The deposit goes toward the \$300 payment for the first class taken.

(Checks should be made payable to: Valley Lutheran High School)

_____	_____
Parent's signature	Date
_____	_____
Address	Telephone #
_____	_____
City	State
_____	_____
E-mail address	

Please mail this form to: **Valley Lutheran Middle and High School
Home School Extension Program
4520 Rownd Street, Cedar Falls, IA 50613**

Telephone: 319-266-4565

E-mail: vlhsoffice@valleylutheranhigh.com