

Valley Lutheran High School
 5199 N. 7th Avenue
 Phoenix, Arizona 85013
 602/230-1600
 Fax 602/230-1602
 e-mail: alyssa@vlhs.org



Instructions: Complete this re-registration application. **Return to the school office with the \$150 registration fee AND the financial contract form.**

*Fee goes up to \$200 on 3/1/10

RE-REGISTRATION APPLICATION

Grade _____ for the 2010-2011 Academic School Year

Student Name _____ Birth Date _____

Street Address _____ SS Number _____

City, State, Zip _____

Home Phone _____

| | |
|---|---|
| Father's Name | Mother's Name |
| Address <small>(If different from student)</small> | Address <small>(If different from student)</small> |
| City State Zip | City State Zip |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Work Phone | Work Phone |
| e-Mail Address | e-Mail Address |
| Father's Occupation | Mother's Occupation |
| <input type="checkbox"/> Fulltime Professional Rostered Church Worker | <input type="checkbox"/> Fulltime Professional Rostered Church Worker |
| Employer | Employer |

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Home Church _____
 (If Applicable)

Pastor's Signature _____
 (To verify active congregational membership, your Pastor's signature is required.)

REMINDER: Include Re-registration fee & financial contract with this Re-enrollment form