



www.lansingcatholic.org

Please return this completed application and the \$25 application fee to:

Lansing Catholic High School
Admissions Office
501 Marshall Street
Lansing, MI 48912

Application for Admission

Student's Legal Name: (Last) _____ (First) _____ (Middle) _____

Prefers to be called: _____ Gender: _____ Date of Birth: ____/____/____

Student's Home Address: _____

City: _____ State: _____ Zip: _____ T-shirt Size: _____

Home Phone: _____ Is your family new to the Lansing Catholic Community? _____

Federal Race Code: ____ African American ____ Asian ____ Caucasian ____ Hispanic ____ Indian (not Native American)
____ Arabic ____ American Indian/Native Alaskan ____ Native Hawaiian/Other Pacific Islander

Father or Guardian 1: (Last) _____

Mother or Guardian 2: (Last) _____

(Title) _____ (First) _____

(Title) _____ (First) _____

Address (if different than applicant): _____

Address (if different than applicant): _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Parents are: ____ married ____ divorced ____ separated ____ mother deceased ____ father deceased

Student lives with: _____

Will you be applying for a tuition subsidy through your parish? ____yes ____no

Will you be applying for tuition assistance through Lansing Catholic High School? ____yes ____no

How did you hear about Lansing Catholic HS? _____

Religious Affiliation: _____ **Church/Parish & Pastor:** _____

Current School: _____ **Current Grade:** _____ **Applying for Grade:** _____

School Location: City: _____ State: _____

Does the student applicant have a learning disability, IEP or 504 plan, special need, severe allergy or other health issues of which Lansing Catholic High School should be aware?

Names of younger brothers & sisters:

Name	Age	Grade	Current School

Names of family members who currently or have previously attended Lansing Catholic High School:

Name	Grade/Graduation Year	Relationship

Check any activities you have an interest in or that you would like to participate in at Lansing Catholic HS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambassadors | <input type="checkbox"/> Golf | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Band | <input type="checkbox"/> Hockey | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Intramural Basketball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Jazz Band | <input type="checkbox"/> Strings |
| <input type="checkbox"/> Campus Ministry | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Language Clubs | <input type="checkbox"/> Swimming and Diving |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Mission Trip | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Drama | <input type="checkbox"/> PALS | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Equestrian Club | <input type="checkbox"/> Quiz Bowl | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Football | <input type="checkbox"/> Right to Life Club | <input type="checkbox"/> _____ |

To be completed by the student applicant: Please state *why* you would like to attend and *how* you would contribute to the Lansing Catholic High School Community in light of our mission to form students spiritually, intellectually, and socially into faithful disciples of Jesus Christ:

Signature of Student Applicant: _____ **Date:** _____

*Acceptance into 9th grade is conditional on the successful completion of 8th grade.