



**LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION (LASE)  
LEARNING CENTER (JEREMIAH PROGRAM)**

**ENROLLMENT PROCEDURES - 2009-2010**

1. **Sign and return the Parental Responsibilities form with the Application for Admission.** You must agree to all the items to be considered for enrollment and both parents, if applicable, must sign.
  - a. Include the \$250.00 non-refundable enrollment fee with the application.
  - b. Be sure to check your preferred tuition payment option on the application.
  
2. **Three Release of Information forms are included.** Please complete and sign a form for each of the following records (if applicable). Return the Release of Information forms with this application to the LASE office.
  - a. Psychological/Educational Evaluation: for most recent re/evaluation
  - b. Cumulative School Records and Most Recent IEP: for all school records and special education records
  - c. Other Medical or Psychological Records: For a student with an Other Health Impaired (OHI), Emotionally Disturbed (ED), or other diagnosis that is pertinent to the student's education. Request is for confirmation of medical or psychological diagnosis and for any information that would assist the teacher in providing an appropriate educational program.
  
3. **Grant-In-Aid Application:** This form must be submitted by April 17, 2009 to be considered for financial aid.
  
4. **Transition Interest Inventory:** After you sign the Release of Information form for your child's current school, we will mail your child's current special education teacher a Transition Interest Inventory to complete.

*Thank you for your interest in the Jeremiah Program. It is a unique program for teens with special learning needs who desire to learn and grow in a caring Christian community. We look forward to receiving your application.*

**LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION (LASE)  
LEARNING CENTER (JEREMIAH PROGRAM)  
at LUTHERAN HIGH SCHOOL-ST. CHARLES**  
3558 S. Jefferson Avenue  
St. Louis, Missouri 63118  
314-268-1234

*“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you,  
plans to give you hope and a future.” - Jeremiah 29:11*

**APPLICATION FOR ENROLLMENT  
2009-2010**

Name of Student \_\_\_\_\_ Male Female  
Last First Middle

Applicant to enter Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Present Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Ethnic Origin: \_\_\_ African-American \_\_\_ White \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Other: \_\_\_\_\_

Public School and District in which student resides: \_\_\_\_\_

Student resides with: Father & Mother Father & Step-Mother Mother & Step-Father  
Mother only Father only Grandparent Other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Place of Employment/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Place of Employment/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents' Email Address: \_\_\_\_\_

**PSYCHOLOGICAL/EDUCATIONAL EVALUATION** - Please give the name and date of the agency(ies) which most recently evaluated your child, including public school evaluations or any other medical or psychological evaluations done by psychologists, psychiatrists, or neurologists, which pertain to your child's education. LASE *highly recommends* that the student's most recent educational or psychological re/evaluation be less than three years old. Complete and sign the attached **Release of Information** and return with this application form. LASE will request student records.

\_\_\_\_\_  
\_\_\_\_\_  
**INDIVIDUAL EDUCATION PLAN (IEP) - Date of current IEP:** \_\_\_\_\_

School/Agency responsible for current IEP: \_\_\_\_\_

Educational Diagnosis: \_\_\_\_\_

**Schools:** Please list the schools in order of attendance, listing the current school first. Please complete and sign the attached **Release of Information** request for the school most recently attended. Return the **Release of Information** form with this application and LASE will request records.

School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

Complete Address of School: \_\_\_\_\_

Phone: \_\_\_\_\_ Principal: \_\_\_\_\_

Special Education Teacher(s): \_\_\_\_\_

School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

Complete Address of School: \_\_\_\_\_

Phone: \_\_\_\_\_ Principal: \_\_\_\_\_

Special Education Teacher(s): \_\_\_\_\_

School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

Complete Address of School: \_\_\_\_\_

Phone: \_\_\_\_\_ Principal: \_\_\_\_\_

Special Education Teacher(s): \_\_\_\_\_

**HEALTH** - Please list any serious illnesses your child has had and/or any current health conditions that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATIONS:** Provide dates. Please also provide this information to Lutheran High School-St. Charles.

DPT/Td 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ Booster \_\_\_\_\_

Oral Polio 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ Booster \_\_\_\_\_

HepB 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Measles/Mumps/Rubella \_\_\_\_\_ Booster \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Hospital Phone \_\_\_\_\_

Emergency Contact (someone who does not reside at the student's home):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Business or cell phone \_\_\_\_\_

Student's Medical Insurance carrier: \_\_\_\_\_

Group Number \_\_\_\_\_ Policy or ID number \_\_\_\_\_ Policy carried by mother or father?  
(circle one)

Dental insurance company: \_\_\_\_\_

Group Number \_\_\_\_\_ Policy or ID number \_\_\_\_\_ Policy carried by mother or father?  
(circle one)

**COMMENT:** Please explain why you are choosing to enroll your child with Lutheran Association for Special Education:

## **NOTICE OF NON-DISCRIMINATION POLICY AS TO STUDENTS**

Lutheran Association for Special Education admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and athletic and other school administrated programs.

### **PLEASE CHECK:**

- 1. Member of Lutheran High School of St. Charles Association Congregation
- 2. Non-LHSSC Association Congregation Member

(If you are in doubt, please call LHSSC to see if your congregation supports the LHSSC high School association.)

