

# Lutheran High Northeast

## 2025-2026 Application for Admission

P: (402) 379-3040 F: (402) 379-8340 [www.LHNE.org](http://www.LHNE.org) [info@LHNE.org](mailto:info@LHNE.org) 2010 N 37<sup>th</sup> ST Norfolk, NE 68701

**Student Information** Applicant for admission to: ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Ethnic Origin: ☐ African-American ☐ Asian-American ☐ Caucasian ☐ Hispanic/Latino ☐ Other \_\_\_\_\_

Current School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Grades Attended: \_\_\_\_\_ Other Previous Schools: \_\_\_\_\_

☐ Student/Family is not a member of a church at this time

Church Membership: \_\_\_\_\_ City: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Baptized? ☐ Yes ☐ No Confirmed?: ☐ Yes ☐ No ☐ Not Yet

### Additional (younger) Siblings (please list oldest to youngest)

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ ☐ Male ☐ Female

Grade for 2025-2026: ☐ Infant ☐ Preschool ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ ☐ Male ☐ Female

Grade for 2025-2026: ☐ Infant ☐ Preschool ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ ☐ Male ☐ Female

Grade for 2025-2026: ☐ Infant ☐ Preschool ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

**Notice of Non-Discrimination Policy:** Lutheran High Northeast 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 at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, financial aid program, and athletic and other school-administered programs.

**Educating for Life † Proclaiming the Faith**

**Christ-Centered - Service-Minded - Continual Growth - Devoted to Students**

## Family #1 (with whom student lives)

Home Address: ☐ same as student \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

☐ Father ☐ Step-Father ☐ Other \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_

Responsible for: ☐ School-related decisions  
☐ School Communications  
☐ Financial Bills

☐ Mother ☐ Step-Mother ☐ Other \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_

Responsible for: ☐ School-related decisions  
☐ School Communications  
☐ Financial Bills

## Family #2 (if needed - non-residing parent or other relative)

Home Address: ☐ same as student \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

☐ Father ☐ Step-Father ☐ Other \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_

Responsible for: ☐ School-related decisions  
☐ School Communications  
☐ Financial Bills

☐ Mother ☐ Step-Mother ☐ Other \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_

Responsible for: ☐ School-related decisions  
☐ School Communications  
☐ Financial Bills

## Contractual Agreement

We, as parents, desire a quality, Christ-centered secondary education for our child. We understand that education includes a partnership between the parents and school, and we will strive to be a supportive part of the Christian community of students, teachers, and families as we work together in God's name. My signature below signifies that I understand that photographs of applicant may be used for publicity of LHNE, and I give permission to include our family information in the LHNE directory.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Starting academic year: \_\_\_\_\_

Date Registered: \_\_\_\_\_

\$ \_\_\_\_\_ Check# \_\_\_\_\_