



International Student Application For Admission

Nebraska Evangelical Lutheran High School

203 Kendall Street; Waco, NE 68460 USA

Ph: 402-728-5236 FAX: 402-728-5433 EMAIL: nelhs@nelhs.org

2016-2017

Date Received _____
Received by _____
For NELHS use only

**Attach Current
Picture Here**



Nebraska Lutheran High School

Applicant Information

Student's Full Name _____ Sex ____ Preferred Name _____
First Middle Last

Student's Home Address _____

Phone _____ Fax _____ Email _____

Application for Grade ____ 1st/2nd Semester, 20____ Current Grade ____ Age ____ Birth Date ____/____/____
Month Day Year

Citizenship _____ Place of Birth _____

Applicant lives with: _____ Both Parents _____ Other: _____
Check any that apply: _____ Father is deceased _____ Mother is deceased _____ Parents are separated
_____ Father has custody _____ Mother has custody _____ Parents are divorced

Passport number _____ Type of Visa held (if any) _____

Family Information

Father's Full Name (Mr./Rev./Dr.) _____

Mother's Full Name (Mrs./Ms./Dr.) _____

Parents' Home Address _____

Phone _____ Fax _____ Email _____

Father's Profession _____ Business Phone _____

Mother's Profession _____ Business Phone _____

Brothers/Sisters (name, grade, school attending) _____

Church Information

Current Church Name and Denomination if you attend _____

Do you participate/attend church ___ Weekly ___ Monthly ___ Holidays ___ Never

Are you willing to participate if the Host Family's religion is different than your own? ___ Yes ___ No

Academic Information

Name of Current School _____ Fax _____ Email _____

School Address _____ Phone _____

English as a Second Language (ESL)

Has the applicant had any ESL courses? ___ How long has the applicant studied English? ___

TOEFL score _____ or SLEP score _____ or iTEP slate score _____

Which subjects are of greatest interest to you? _____

Student Interests Information

What are your favorite activities or interests outside of school? _____

Of the qualities that you possess, which one would you like people to admire the most? Why? _____

List 2 or 3 things you hope to gain from studying in our school _____

Do you intend to enroll in an American college or University? _____

What do you see yourself doing when you finish your education? _____

Miscellaneous Information

Are you working with an agency? _____

If yes: Name of Agency _____
 Contact Person at Agency _____
 Mailing Address _____
 Phone: _____ Fax: _____
 Email address _____

Do you have a relative or a friend who lives in the USA that you would want us to contact in case of emergency? _____

If yes: Name _____
 Mailing Address _____
 Phone: _____ Fax: _____
 Email address _____

To whom should correspondence be sent? (grade reports, communication, etc.)

_____ parents _____ agency _____ other (list whom _____)

Medical Information

- Please list any allergies the applicant has to food, animals, medicines, etc. _____

- Does the applicant have a physical health problem of which the school should be aware? _____
If yes, please specify (include prescriptions):
- Does the applicant have any limitations of normal activities? _____
If yes, please specify:
- Is the applicant taking any medication on a regular basis such as insulin, Ritalin, etc.?
Please list:
- Has the applicant ever consulted, or been referred to, a psychiatrist, psychologist, or psychiatric social worker for professional assistance? _____
If yes, please describe the circumstances:
- Check any of the following used or experienced with (in the last 12 months).
____ Narcotic drugs ____ tobacco ____ alcoholic beverages ____ stimulants
Explain for full disclosure purposes.

To the best of our knowledge the above information is correct.

Parent/Guardian Signature

Parent/Guardian Signature

Student Signature

Application Checklist

- A complete and signed application
- **\$500** (USD) non-refundable application fee sent with application
- Copy of Passport
- Previous school records (transcripts) including current grades
- TOEFL or SLEP or iTEP SLATE test scores
- Proof of Financial Responsibility (please include a copy of a bank statement showing parents ability to pay for the student's education at Nebraska Evangelical Lutheran High School)
- Parent and Student Supplementary Forms including:
 - Immunization Record (needed after acceptance)
 - Health Exam or Physical Form (needed after acceptance)
 - Student Participation Form (provided by school after acceptance)
 - Health Questionnaire (provided by school after acceptance)
- All Recommendation Forms
 - Principal
 - Teacher

Please return the completed application to:

Nebraska Lutheran High School
203 Kendall Street
Waco, NE 68460
Email: motte@nelhs.org
Fax: 402-728-5433
Phone: 402-728-5236

Nebraska Lutheran is a Christian, co-educational, college preparatory school. It is approved by the Nebraska Department of Education.

Notice of Nondiscriminatory Policy

Nebraska Lutheran Schools admits students of any race, color, and national or ethnic origin.

NEBRASKA LUTHERAN HIGH SCHOOL
Principal/Counselor Reference Form

Applicant's Name _____ **How long have you known the applicant?** _____

Nebraska Lutheran is a co-educational, college preparatory school with a Christ-centered curriculum. Please respond as honestly and completely as possible. Please answer in English.

1. What level or range academically does the student fall compared to the other students at your school?

Bottom 10% _____ **10-25%** _____ **25-50%** _____ **50-75%** _____ **75-90%** _____ **Top 10%** _____

2. What do you perceive as the student's strengths? _____

3. To your knowledge, has the applicant ever been suspended, dismissed, or involved in any serious disciplinary action? _____

4. Are you aware of any areas in which this student may need assistance: academic or social? _____

5. Please check one of the following

- a. _____ **I recommend this applicant without reservation**
- b. _____ **I recommend this applicant with reservation for the following reasons:**
- c. _____ **I do not recommend this applicant for the following reasons:**

Name and Title _____

Address _____ **Phone** _____

Email _____

The time and effort that you have given to completing this form is appreciated. If you wish to give additional information please do so on another sheet of paper. Please return the completed form to:

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NEBRASKA LUTHERAN HIGH SCHOOL
Teacher/Advisor Recommendation Form

Applicant's Name _____ **Applicant has studied English** ___ years ___ months.

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Nebraska Lutheran is a co-educational, college preparatory school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

Please Rate the applicant in the following areas:
1=low, 5=high

Work ethic/motivation	1 2 3 4 5	Concern for others	1 2 3 4 5
Honesty/integrity	1 2 3 4 5	Leadership ability	1 2 3 4 5
Maturity	1 2 3 4 5	Cooperation with adults	1 2 3 4 5
Responsibility	1 2 3 4 5	Reaction to criticism	1 2 3 4 5

Please Rate the applicant in the following areas related to his English language ability:
1=low, 5=high

Reading	1 2 3 4 5
Writing	1 2 3 4 5
Speaking	1 2 3 4 5
Grammar	1 2 3 4 5
Comprehension	1 2 3 4 5

Comments: _____

Do you have any reservations concerning the applicant's character? _____

If you wrote "yes", please explain. _____

Do you recommend this applicant for college-preparatory level work? ___ without reservation ___ hesitantly ___ not at all

Name and Title _____

Address _____ **Phone** _____

Email _____

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