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## PARENT QUESTIONNAIRE

Applicant's Name:

Why are you encouraging your son/daughter to apply to Lutheran High School?

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What are your expectations of Lutheran High School regarding your son's/daughter's development in the following areas?

Academic

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Spiritual Development

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Personal Growth

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*(questionnaire continued on next page)*

***Where learning looks a lot like life!***

PARENT QUESTIONNAIRE (continued)

Other

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**Does your son/daughter have any special physical, emotional or academic needs? If so, please explain. If the nature of the disability is confidential, please contact or Executive Director to schedule an appointment.**

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**As parents, what is your commitment to Lutheran High School? What may the school expect from you in terms of general support and service?**

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**What are your expectations of Lutheran High School?**

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**Parent Name:**

**Parent Signature:**

**Date:**
