



WINNEBAGO LUTHERAN ACADEMY

International Student

APPLICATION FOR ENROLLMENT

INSTRUCTIONS:

1. Complete this form by supplying all requested information
2. Mail completed form to Winnebago Lutheran Academy, 475 East Merrill Avenue, Fond du Lac, WI 54935-3790
3. Direct any questions to Mr. Gregorius at jgregorius@wlvikings.org or call 920.921.4930

FORM 1-20 INFORMATION

OFFICIAL STUDENT NAME: _____
(LAST) (FIRST) (MIDDLE) (NAME STUDENT PREFERS)

OFFICIAL RESIDENCE ADDRESS: _____
(STREET) (Apt.#) (City)

COUNTRY: _____ PROVINCE: _____ POSTAL CODE: _____

Is this the address to which the I-20 is to be mailed? (v) YES _____ NO _____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

OFFICIAL TELEPHONE NUMBER OF RESIDENCE: _____ BIRTH DATE: _____
(MONTH/DAY/YEAR)

MALE or FEMALE (Circle one) ENTERING GRADE: _____ RELIGIOUS BACKGROUND: _____

STUDENT E-MAIL: _____

PARENT INFORMATION

FATHER'S NAME: _____

ADDRESS: _____ E-MAIL: _____

EMPLOYER: _____ POSITION: _____ WORKPHONE: _____

MOTHER'S NAME: _____

ADDRESS: _____ E-MAIL: _____

EMPLOYER: _____ POSITION: _____ WORKPHONE: _____

EMERGENCY CONTACT (NOT MOTHER OR FATHER) _____

PHONE: _____ EMAIL: _____

PREFERRED E-MAIL FOR BILLING PURPOSES: _____

Do you have a physical/medical problem or disability that would affect your education? YES NO (circle)
If "YES," please explain: _____

In applying for admission to Winnebago Lutheran Academy, I agree to abide by their procedures and regulations in a spirit of Christian partnership.

Date

Student Signature

Parent Signature