



LUTHER CLASSICAL COLLEGE

Pre-Admission Form

Full Name: _____

Parents' Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Anticipated Year of High School Graduation: _____

Anticipated Year of LCC Enrollment (Fall): _____

Home Congregation (Include Synod): _____

Current School: _____

Anticipated Level of Latin Proficiency after High School: _____
