

Lutheran School Consulting Services
APPLICATION FORM

School Name _____

Address _____

City _____ State _____ Zip _____

Principal _____ LCMS District _____

School Phone _____ School Email _____

LCMS Operating Congregation _____

City _____ State _____ Pastor _____

Primary Contact _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Work Phone _____ Email _____

Position _____

We, the leaders listed below, on behalf of the school and congregation(s) desire the assistance of Lutheran School Consulting Services and will provide leadership in addressing LSCS recommendations.

Pastor _____

Phone _____ Email _____

Principal _____

Phone _____ Email _____

School Board Chair _____

Phone _____ Email _____

Congregation Chair _____

Phone _____ Email _____

Attach a two-page narrative, written and signed by the primary contact person, that answers these questions:

- 1) Why are you requesting an LSCS visit, and what do you hope to gain from it?
- 2) What are the current difficulties, problems and frustrations at the school?

Attach the \$500 application fee, made payable to: The LCMS—LSCS. This fee is nonrefundable.

Submit the completed application, narrative and application fee to your LCMS district leader who is responsible for schools.

TO BE COMPLETED FOR APPROVAL BY THE LCMS DISTRICT OFFICE.

Name _____ District _____

Signature _____ Date _____

The district should send the application and attached materials to:

The Lutheran Church—Missouri Synod
Attn: School Ministry — LSCS
1333 S. Kirkwood Road
St. Louis, MO 63122-7295

