

Registration Steps: REGISTRATION

1. Complete an **ENROLLMENT FORM** for each child and submit required documents.
2. Turn in the Enrollment Form with the **required REGISTRATION FEE** for each child. This fee is normally non-refundable. (It can be refunded if your family moves.)
3. Please contact the school office in case of any other emergency.)

4. All parents of new students shall meet with the head teacher. This meeting is to discuss the philosophy of Western Heritage Lutheran Academy and reasons for enrolling your child

FEEES FOR THE 2017/2018 SCHOOL YEAR

GRADES 9-12 FEES:

REGISTRATION FEES:

– \$100 per student -Paid at Registration

BOOK AND SUPPLY FEES

– \$100 per student -Paid at Registration

MONTHLY TUITION AUGUST- MAY (10 months)

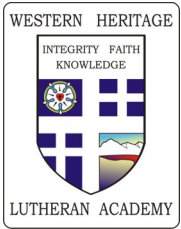
Single family	\$365 per month
Multi-student family	\$340 per student per month

TUITION PAYMENTS

Tuition payments are on a 10 month payment rate, beginning in August. The first payment is to be made at final registration in August.

All tuition payments are due during the first school week of each month and are past due after the Tuesday of the following week. Checks should be made payable to Western Heritage Lutheran Academy and mailed to 2350 Primrose Ln, Riverton, WY 82501, or turned in to the tuition payment drop box located in the classroom. If financial concerns arise regarding tuition payments, please contact the school office.

Information on pictures and other optional expenses will be sent as it becomes available.



application for admission

This application is for
WHLA APPLICANT **academic year 20 - . 20** Grade:

Full birth name:
FIRST (GIVEN) MIDDLE LAST (SURNAME) (JR., ETC.)

Preferred first name or nickname: Date of birth:
MONTH DAY YEAR

Height: Weight: Male Female

General Health:

**PARENTS OR
 GUARDIAN**
 (WITH WHOM
 APPLICANT LIVES)

.....
(MR. & MRS., ETC) FIRST MIDDLE LAST (JR., ETC.)
 Street Address

City State Zip

Home phone: Fax:

Email:

FATHER

Full name:

Education (Institutions & Degrees):

Father's occupation: Title:

Company: Email:

Business Address:

Office phone: Fax:

MOTHER

Full name:

Education (Institutions & Degrees):

Mother's occupation: Title:

Company: Email:

Business Address:

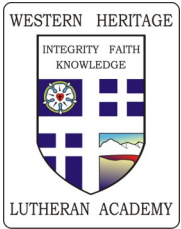
Office phone: Fax:

**APPLICANT'S
 SIBLINGS**

.....
NAME AGE EDUCATION

.....
NAME AGE EDUCATION

.....
NAME AGE ED UCATION



application for admission

Applicant lives with: Father and Mother Mother Father
Check if any apply: Stepmother Stepfather Other:.....
 Father is deceased Mother is deceased
 Parents are separated Parents are divorced Applicant is an adopted child

To whom should bills be addressed?

Address (if different from above):

Do you intend to seek tuition assistance? Yes No

From whom did you learn of WHLA?

Relatives who have attended WHLA:

Name and address of home newspaper:

CURRENT SCHOOL

Current school: Grade: Entered: MONTH / YEAR

School address:

English teacher: Math teacher:

Name of school: Entered: MONTH / YEAR

Address:

Optional
COMPLETE THIS
SECTION IF
APPROPRIATE

If my child is admitted and enrolls at WHLA, I would like a copy of **Grades** **Correspondence** sent to the following (educational

(MR. & MRS., ETC) FIRST MIDDLE LAST (JR., ETC.)

Street Address

City State Zip

Relationship to applicant:

Home phone: Office phone:

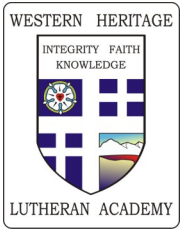
Email:

X Date:

**PARENT OR
GUARDIAN**

Western Heritage Lutheran Academy seeks and admits students of any race, color and ethnic origin. The school does not discriminate in administration of its policies and programs.

WESTERN HERITAGE LUTHERAN ACADEMY
419 EAST PARK AVENUE RIVERTON, WYOMING 82501 TEL 307.240.4154 www.whla.us



record release form

TO BE SIGNED BY THE PARENT/GUARDIAN AND GIVEN TO HEADMASTER, PRINCIPAL OR GUIDANCE COUNCELOR OF THE APPLICANT'S PRESENT SCHOOL

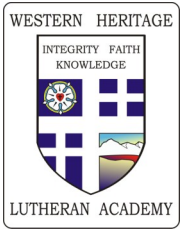
WHLA APPLICANT

.....
is a candidate for admission to **Western Heritage Lutheran Academy**
request.....to please forward the following directly to Western Heritage:
CURRENT SCHOOL

- (1) Complete transcript of grades, including the most recent marking period
- (2) Results of standardized testing
- (3) Results of any individual testing

PARENT/GUARDIAN

Name of Parent/Guardian.....
Signature of parent/guardian.....
Date submitted to the school.....



administrative recommendation form

PLEASE INCLUDE APPLICANT'S CURRENT GRADES AND TRANSCRIPTS

WHLA APPLICANT

.....
is a candidate for admission to **Western Heritage Lutheran Academy**

The admission committee is seeking your candid assessment (which will remain confidential) of this student and would appreciate receiving any observations you think pertinent. Thank you in advance for your cooperation.

EVALUATION PLEASE CHECK THE APPROPRIATE BOX FOR EACH QUESTION:

Academic performance	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Honesty/integrity	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
General school citizenship	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Leadership ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Cooperation with adults	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Relationship with peers	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Concern for others	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Personal appeal	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Overall evaluation as student	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
Overall evaluation as a person	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior
	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Superior

Extracurricular interest/abilities (please list):

.....
.....
.....

If yes on any of the following questions, please explain on the other side of the form.

Has the applicant ever been involved in a serious infraction of school rules? Yes No

Has the applicant had any modifications made to his/her academic program to help him cope with learning differences? Yes No

Are there any special circumstances, strengths or problems (emotional, psychological or other) of which we should be aware? Yes No

PLEASE FORWARD THE FOLLOWING DIRECTLY TO WESTERN HERITAGE:

(1) Complete transcript of grades, including the most recent marking period

(2) Results of standardized testing

(3) Results of individual testing

We would welcome any additional comment, however brief, that you judge relevant. Please use the other side of this form.

Name: Title:

Signature: Date:

Institution: Telephone:

Address:

Please send me information about Western Heritage Lutheran Academy.

WESTERN HERITAGE LUTHERAN ACADEMY

419 EAST PARK AVENUE RIVERTON, WYOMING 82501

TEL 307.240.4154

www.whla.us



parent or guardian statement

WHLA APPLICANT Full name:

Western Heritage Lutheran Academy, a classical Lutheran high school for boys and girls in grades 9-12, has high expectations of its students. Your candid responses below will be helpful to us in determining if Western Heritage is an appropriate school for your child.

1. Describe your child's study habits. What motivates your child to achieve success? What role do you play in motivating your child?

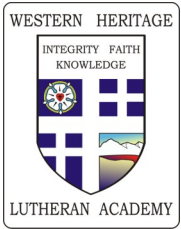
.....
.....
.....
.....
.....
.....
.....
.....

2. Describe your child's main extracurricular interests.

.....
.....
.....
.....
.....
.....
.....
.....

3. What are your child's personal strengths?

.....
.....
.....
.....
.....
.....
.....
.....



parent or guardian statement

4. Does your child have any weaknesses that concern you?

.....
.....
.....
.....
.....
.....
.....

5. Has your child ever consulted, or been referred to a professional for testing, counseling, guidance, family therapy, or psychotherapy?

Yes No If yes, please specify and list the name, address, and telephone number of person.

.....
Name: Phone
.....
Address: Phone:

The Admissions Office of Western Heritage Lutheran Academy may contact this person to gather relevant information. This information will be kept confidential and will not become part of the permanent file. Please sign here to grant the School permission to contact the person listed above.

Signature: Date:

6. What do you hope your child will gain during his/her experience at Western Heritage?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

SIGNATURE X Date: