

**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

FEES FOR THE 2024/2025 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 HIGH SCHOOL TUITION (Grades 9-12)**

#### **AUGUST- MAY (10 months)**

Single family

\$425 per month

Multi-student family \$400 per student per month

MONTHLY MIDDLE SCHOOL TUITION (Grades 6-8)

AUGUST-MAY (10 months)

Single family

\$475 per month

Multi-student family

\$450 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:

| Type  | vour | text |
|-------|------|------|
| .,,,, | ,    |      |

|                                     | Full birth name:          |   |              |      |                |             |             |
|-------------------------------------|---------------------------|---|--------------|------|----------------|-------------|-------------|
|                                     | Preferred first name or r | FIRST (GIVEN)<br>nickname: Date of birt | MIDDLE<br>h: |      | LAST (SURNAME) |             | (JR., ETC.) |
|                                     |                           |   |              |      |                |             |             |
|                                     |                           |   |              |      |                |             |             |
|                                     |                           |   |              |      |                |             |             |
|                                     |                           |   |              |      |                |             |             |
| PARENTS OR<br>GUARDIAN<br>WITH WHOM | (MR. & MRS., ETC) FIRST   | MIDDLE                                  | <b>.</b>     | LAST | (              | (JR., ETC.) |             |
| APPLICANT LIVES                     | 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:                |   |              |      |                |             |             |
|                                     |                           | (Degrees):                              |              |      |                |             |             |
|                                     | Mother's occupation:      |   |              |      | Title:         |             |             |
|                                     | Company: Email:           |   |              |      |                |             |             |
|                                     |                           |   |              |      |                |             |             |
|                                     |                           |   |              |      |                |             |             |
|                                     |                           |   |              |      |                |             |             |
| APPLICANT'S                         |                           |   |              |      |                |             |             |
| SIBLINGS                            | NAME                      | ļ                                       | AGE          | EDUC | ATION          |             |             |
|                                     | NAME                      | ,                                       | AGE          | EDUC | ATION          |             |             |
|                                     | NAME                      | <i>,</i>                                | AGE          | ED   | UC             | ATION       |             |



## application for admission

|                                      | Applicant lives with:                    | ☐ Father and Mother             |                        | ☐ Father                                |
|--------------------------------------|--|---------------------------------|------------------------|---|
|                                      | Check if any apply:                      | ☐ Stepmother                    |                        | ☐ Other:                                |
|                                      |  |                                 |                        |   |
|                                      |  | ☐ Father is deceased            | ☐ Mother is deceased   |   |
|                                      |  | ☐ Parents are separated         | ☐ Parents are divorced | Applicant is an adopted child           |
|                                      |  | 2                               |                        |   |
|                                      |  |                                 |                        |   |
|                                      | Address (if different from above):       |                                 |                        |   |
|                                      | Do you intend to seek tuition assist     | tance?                          | □ No                   |   |
|                                      | From whom did you learn of WHLA          | ?                               |                        |   |
|                                      |  |                                 |                        |   |
|                                      | Name and address of home newsp           | aper:                           |                        |   |
|                                      | ·  |                                 |                        |   |
|                                      |  |                                 |                        |   |
| CURRENT                              |  |                                 |                        |   |
| SCHOOL                               | Current school:                          | Grac                            | e: Entered:            | MONTH /YEAR                             |
|                                      | School address:                          |                                 |                        | MONTH / YEAR                            |
|                                      | English teacher:                         | Math t                          | eacher:                |   |
|                                      |  |                                 |                        |   |
|                                      |  |                                 |                        |   |
|                                      | Name of school:                          |                                 |                        | Entered:<br>MONTH /YEAR                 |
|                                      | Address:                                 |                                 |                        |   |
|                                      |  |                                 |                        |   |
| Optional                             | If my shild is admitted and enrolls a    | t WHI A I would like a copy of  |                        | ence sent to the following (educational |
| COMPLETE THIS SECTION IF APPROPRIATE | ii iiiy ciiiiu is auriilled and emolis a | t WhiLA, I would like a copy of | ☐ Grades ☐ Corresponde | ence sent to the following (educational |
|                                      | (MR. & MRS., ETC) FIRST                  | MIDDLE                          | LAST                   | (JR., ETC.)                             |
|                                      | Street Address                           |                                 |                        |   |
|                                      |  |                                 |                        |   |
|                                      | Relationship to applicant:               |                                 |                        |   |
|                                      | Home phone: Office phone:                |                                 |                        |   |
|                                      |  |                                 |                        |   |
|                                      | Email:                                   |                                 |                        |   |
|                                      |  |                                 |                        |   |
|                                      | X  |                                 | Date:                  |   |
| PARENT OR                            |  |                                 |                        |   |

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.

**GUARDIAN** 



### 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 APPLICAN | Т   |
|---------------|---|
|               | is a candidate for admission to Western Heritage Lutheran Academy   |
|               | requestto please forward the following directly to Western Heritage CURRENT SCHOOL  |
|               | <ul><li>(1) Complete transcript of grades, including the most recent marking period</li><li>(2) Results of standardized testing</li><li>(3) Results of any individual testing</li></ul> |
| ARENT/GUARDIA | N<br>Name of Parent/Guardian  |
|               | Signature of parent/guardian  |
|               | Date submitted to the school  |

TEL 307.240.4154



## administrative recommendation form

|                | PLEASE INCLUDE APPLICANT'S   | CURRENT GR   | ADES AND TRANSC     | RIPTS   |                                      |
|----------------|--|--|---------------------|---|--------------------------------------|
| WHLA APPLICANT |  |  |                     |   |                                      |
|                | is a candidate for admission to We   | stern Heritage I   | utheran Academy     |   |                                      |
|                | The admission committee is seekin receiving any observations you thin  |  |                     |   | of this student and would appreciate |
| EVALUATION     | PLEASE CHECK THE APPROPRIA   | ATE BOX FOR E  | ACH QUESTION:       |   |                                      |
|                | Academic performance   | ☐ Poor   | ☐ Fair              | Good  | Superior                             |
|                | Honesty/integrity  | ☐ Poor   | ☐ Fair              | Good  | ☐ Superior                           |
|                | General school citizenship   | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                | Leadership ability   | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                | Cooperation with adults  | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                | Relationship with peers  | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                | Concern for others   | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                | Personal appeal  | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                | Overall evaluation as student  | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                | Overall evaluation as a person   | ☐ Poor   | ☐ Fair              | ☐ Good  | ☐ Superior                           |
|                |  | ☐ Poor   | ☐ Fair              | Good  | ☐ Superior                           |
| E              | extracurricular interest/abilities (pleas  | e list):   |                     |   |                                      |
|                | If yes on any of the following quest Has the applicant ever been involved in Has the applicant had any modifications Are there any special circumstances, structures, PLEASE FORWARD THE FOLLOWARD THE | a serious infractior made to his/her acrengths or problem DWING DIRECTION including the modern of the problem o | n of school rules?  | Yes □ No o him cope with learning ical or other) of which we ERITAGE: riod se the other side of the | e should be aware?                   |
|                |  |  |                     |   |                                      |
|                | Signature:   |  | <u>Date</u>         | ):  |                                      |
|                | Institution:   |  | Tele                | phone:  |                                      |
|                | Address:   |  |                     |   |                                      |
|                | ☐ Please send me information a   | bout Western F   | leritage Lutheran A | cademy.   |                                      |

WESTERN HERITAGE LUTHERAN ACADEMY



## administrative recommendation form

|     | NTS |
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# parent or guardian statement

| WHLA APPLICANT     | Fulli name:  |
|--------------------|--|
| students           | Western Heritage Lutheran Academy, a classical Lutheran high school for boys and girls in grades 9-12, has high expectations of its s. Your candid responses below will be helpful to us in determining if Western Heritage is an appropriate school for your child. |
| 1. Describe your o | 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

| Does your | child have any weaknesses that concern you?   |  |
|-----------|---|--|
|           |   |  |
|           |   |  |
|           |   |  |
|           |   |  |
|           |   |  |
|           |   |  |
|           |   |  |
|           | Has your child ever consulted, or been psychotherapy?   | referred to a professional for testing, counseling, guidance, family therapy, or   |
|           | Yes No If yes, please specify and li  | ist the name, address, and telephone number of person.   |
|           | Name:   | Phone  |
|           | Address: Phone:   |  |
|           |   |  |
|           | The Admissions Office of Western Heritage Li will be kept confidential and will not become person listed above.                       | utheran Academy may contact this person to gather relevant information. "This informa<br>art of thepermanent file. Please sign here to grant the School permission to contact th         |
|           | will be kept confidential and will not become person listed above.  Signature:  | Utheran Academy may contact this person to gather relevant information. This informa<br>art of thepermanent file. Please sign here to grant the School permission to contact th<br>Date: |
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