



# Western Heritage Lutheran Academy

Grades 6-12



611 E. Main Street  
Riverton, Wy. 82501

307-240-4154  
[whlaschool@gmail.com](mailto:whlaschool@gmail.com)

The 2025-2026 Registration Fee, Book Fee, and Tuition have been set

## Middle School (Grades 6-8)

Registration and Book fee for currently enrolled students due April 15th 2025.  
Open enrollment will begin May 1st 2025. (Currently 2 seats available)

Registration - \$100

Book Fee - \$200

Tuition - \$475/month for 10 months (\$4,750/year)

- 450/month for each additional student (\$4,500/year)

## High School (Grades 9-12)

Registration and Book fee for currently enrolled students due April 15th 2025.  
Open enrollment will begin May 1st 2025. (Currently 2 seats available)


Registration - \$100

Book Fee - \$200

Tuition - \$475/month for 10 months (\$4,750/year)

- 450/month for each additional student (\$4,500/year)

1. Returning Students
  - a. Complete Page 1 of registration form (1 per student)
  - b. Pay registration and book fee
2. New Students
  - a. Complete full registration form (1 per student)
  - b. Schedule enrollment interview
  - c. Pay registration and book fee



Western Heritage Lutheran Academy offers a nurturing environment where students thrive academically and spiritually.

whla.us





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## WHLA Registration Form Page 1

School year \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_

Students Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Students Phone# \_\_\_\_\_ (optional)

Daytime contact name & phone number \_\_\_\_\_

Additional Emergency contact \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Is there an elective offered at a local Public School the Student would like to enroll in? Dual Enrollment with CWC? Please list them below and the Head Teacher will follow up with the parent and student:


\_\_\_\_\_

List Sports interest, WHLA Athletic Director will follow-up with parent and student

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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## WHLA Registration Form Page 2

Father/Guardian: School Contact Priority (Circle) #1 #2 Use this for Mailing/Billing Info (Circle) YES NO

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Text? (Circle) YES NO

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Degree/Certification \_\_\_\_\_

Work Phone (Emergency) \_\_\_\_\_

Mother/Guardian: School Contact Priority (Circle) #1 #2 Use this for Mailing/Billing Info (Circle) YES NO

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Text? (Circle) YES NO

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Degree/Certification \_\_\_\_\_

Work Phone (Emergency) \_\_\_\_\_


Additional Emergency Contacts (1 Required)

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_



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## WHLA Registration Form Page 3

Student Lives with \_\_\_\_\_

Local Church Student Attends \_\_\_\_\_ Youth Group Attendance (Circle) YES NO

Church Contact \_\_\_\_\_ Phone \_\_\_\_\_

Student Sibling Name \_\_\_\_\_ School Attending \_\_\_\_\_

Student Sibling Name \_\_\_\_\_ School Attending \_\_\_\_\_

Student Sibling Name \_\_\_\_\_ School Attending \_\_\_\_\_

Student Sibling Name \_\_\_\_\_ School Attending \_\_\_\_\_


Please put additional Siblings on back of this page

Tuition Assistance (Circle) YES NO

Students Current School:

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ School Principal \_\_\_\_\_



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## Record Release Form

\_\_\_\_\_ is a candidate for admission to Western Heritage Lutheran Academy

Student Name

WHLA is requesting \_\_\_\_\_ release and forward the Students

School Name

1. Complete Transcript of Grades
2. Results of any completed standardized testing
3. Results of any completed individual testing

\_\_\_\_\_ approve the release of requested information to WHLA

Parent/Guardian

Please email all appropriate information to [whlaschool@gmail.com](mailto:whlaschool@gmail.com) or mail to


Western Heritage Lutheran Academy  
PO Box 2080  
Riverton, WY. 82501

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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