

Heartland Lutheran High School

Re-Enrollment Packet

Thank you for selecting Heartland Lutheran High School for your student. Enclosed in this packet are the registration information, permission forms and tuition selection information for the 2010-2011 school year.

We ask that you completely fill out an enrollment packet for each child you are registering. These forms become a part of each student's school records. Registration fee must accompany completed enrollment packet in order for registration to be processed.

Tuition for the 2010-2011 School Year:

Non-Association Members \$4200 a year (12 monthly payments of \$350)

Association Members \$3600 a year (12 monthly payments of \$300)

Exchange Student \$5200 a year

Note: the Actual Per Pupil Cost for 2009-2010 was \$12,430.00

In addition to tuition we require three fees per student for the school year. A \$100 registration fee (**\$50 if paid prior to March 10, 2010**) must accompany this form a \$100 supply fee & \$30 activity fee which are due by September 1, 2010.

If you are in need of tuition assistance, you may apply online with FACTS Grant & Aid Assessment www.factstuitionaid.com There is a \$25 application fee. Applications must be made by June 1, 2010.

Tuition billing is year-round, beginning July 1 and ending June 30. Monthly payment will be 1/12 of total tuition with the exception of seniors. Tuition for seniors must be paid in full prior to the graduation date.

We will be enforcing two requirements regarding tuition.

1. For the 2010-2011 school year, all **monthly** payments must be automatically paid, through a bill pay plan, whether through the school or set up directly with a financial institution. Pre-payment by the quarter or annually is also an option.
2. Classes **will not be held open** in fall 2010 for students with **outstanding balances from the 2009-2010 school year.**

About fees:

Why do we have three fees that aren't included in tuition?

Almost all non-public tuition-driven schools have registration fees. They help assure that the parents and students are sincere about their desire to enroll at HLHS, and they help with the summer cash flow. The fee is only refundable only under extreme circumstances, such as death, disability of the student, or a move out of the area.

The supply fee is to guarantee funds to pay the large book expenses at the beginning of each school year. These book expenses often have a very negative effect on cash flow. A supply fee, for music, art, and science supplies, as well as books, helps the budget stay balanced and provides funds when the big bills come in.

The activity fee helps with the cost of transportation to extra-curricular events and other expenses involved with the various activities HLHS offers.

The board feels these fees need to be separate from tuition, so that tuition assistance is not used as payment of these fees. In that way, everyone pays their fair share of any new books and supplies and the cost to get the school ready over the summer.

Heartland Lutheran does not discriminate on the basis of race, color, national origin, age, sex or physical handicap in the programs which it operates.

Heartland Lutheran Association Churches

Christ Lutheran-Cairo, St. Paul Lutheran-Central City, Grace Lutheran-Grand Island, Peace Lutheran-Grand Island, Trinity Lutheran-Grand island, St. Peter Lutheran-Hampton, Zion Lutheran-Hastings, Bethlehem Lutheran-Ravenna, Grace Lutheran-Wood River, Zion Lutheran-St. Libory, St. Pauls Lutheran-Shelton, St. Pauls Lutheran-Lowell

Heartland Lutheran High School

APPLICATION FORM—PLEASE PRINT

Is the student:

Currently an HLHS Student (re-enrollment)

New applicant

Member of Association Church (see cover page)

Grade Student will be entering _____

OFFICE USE ONLY:

Date Received _____

Amount Paid _____

Registration Fee _____ Activity Fee _____

Tuition _____ Tuition Assistance _____

STUDENT INFORMATION

Student Name _____

Date of Birth ____/____/____ Male Female

Student Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Student lives with: Both Parents Mother Father

Guardian Other _____

Student Church Home _____

Church Address _____

PARENT INFORMATION

FATHER or Stepfather Guardian

Name _____

Home address (if different from student) _____

Home Phone _____ Cell _____

Email _____

Married Divorced Separated Remarried

Widowed

Employer _____

Work Phone _____

Church Home (if different from student) _____

Church Address _____

MOTHER or Stepmother Guardian

Name _____

Home address (if different from student) _____

Home Phone _____ Cell _____

Email _____

Married Divorced Separated Remarried

Widowed

Employer _____

Work Phone _____

Church Home (if different from student) _____

Church Address _____

FAMILY INFORMATION

Brother(s) & Sister(s) Names	Age	Grade	School Attending (If applicable)

Parent/Guardian Statement of Intent: We desire a quality, Christ-centered education for our child and believe Heartland Lutheran High School will provide this type of education. We understand that secondary education involves a partnership between the parents and the school and will, therefore include the school in our prayers and seek to keep open lines of communication with the school. We agree to pay tuition as indicated on tuition payment agreement.

Parent/Guardian Signature _____ Date _____

Parent /Guardian Signature _____ Date _____

GRANDPARENT INFORMATION (To be included in our mailing list)

Name of Father's Parents _____	Name of Mother's Parents _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Email Address _____	Email Address _____

OTHER GRANDPARENT INFORMATION (To be included in our mailing list)

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Email Address _____	Email Address _____

STUDENT EDUCATIONAL BACKGROUND

List schools applicant has attended beginning with most recent:

School Name	School Address	Grade(s)	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

Answer YES or NO to the following questions:

- | | |
|---|--|
| Has Student Repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No
Received Tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No
Participated in a Gifted Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Experienced Difficulty in Reading? <input type="checkbox"/> Yes <input type="checkbox"/> No
Experienced Discipline Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | Participated in a Special Learning Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently on medication? (indicate below) <input type="checkbox"/> Yes <input type="checkbox"/> No
Received Special Honors or Awards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Experienced Learning Difficulties in Math? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Please comment about any of your responses: _____

ADDITIONAL STUDENT INFORMATION (Please Comment)

Physical Health (include any allergies or restrictions)

Any Needs or Concerns the School should know about; _____

PARENT INVOLVEMENT

Your child will receive a much more fulfilling experience if you become involved in one or more aspects of Heartland Lutheran and its program. You are invited to indicate your interest in the following areas: Indicate (F) for Father and (M) for Mother in Each Category. Interested (I) or Experienced (E)

I E _____ _____	I E _____ _____
Fundraising	Booster Club
Classroom Aide	Athletics
Coaching	Music Aide

PARENT INVOLVEMENT (Cont.)

Do you have any special financial resources or contacts that could benefit Heartland Lutheran? Explain: _____

In what way could you help the school? Explain: _____

Parent/Guardian Signature _____ Date _____

PERMISSION AGREEMENTS (ALL STUDENTS)

PHOTO AGREEMENT

I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, school web site, etc.

Parent/Guardian Printed Name Parent/Guardian Signature Date _____
For 2010-2011 School Year

SCHOOL DIRECTORY AGREEMENT

I grant permission for my listed child's name, as well as our own as parents/guardians, address, phone number, and email to be included in a parent directory that will be available to ONLY other student families, teachers, school board members and the Booster Club.

Student Name: _____

Parent/Guardian Printed Name Parent/Guardian Signature Date _____
For 2010-2011 School Year

STATUS OF INSURANCE STATEMENT

I, the undersigned, am aware that Church Mutual Insurance of Merrill, Wisconsin, is the insurance carrier for Heartland Lutheran High School. As such, on all personal injury and liability claims, Church Mutual is the secondary insurance and I have been alerted that my family's insurance carrier is the primary. (This means that claims are turned into the family's insurance carrier first, and any portion unpaid or denied is then turned over to the school's carrier.)

Student Name: _____

Parent/Guardian Printed Name Parent/Guardian Signature Date _____
For 2010-2011 School Year

TRAVEL PERMISSION FORM

My son/daughter has my permission to travel to and from Heartland Lutheran High School in vehicles driven by licensed adults over the age of 21. All travel must have the approval of the school's administrator and must have educational purposes. It is my understanding that I will be notified of trips of more than fifty miles one way and that I will sign separate slips for same. I also expect, as often as practical, to be notified of the shorter trips authorized by this permission form.

Student Name: _____

Parent/Guardian Printed Name Parent/Guardian Signature Date _____
For 2010-2011 School Year

PERMISSION AGREEMENTS (ALL STUDENTS)

COMPUTER POLICIES

- 1. Students are on their honor to avoid websites that contain profanity, nudity, pornography, and non-Christian lifestyle materials. Students will not, under any circumstances, try to bypass the ESU filtering of such material.
2. Students will not bring in any CD's or flash drives that contain any of the above material and load it into any HLHS equipment.
3. Students will not load any games or non-school related material or Instant Messenger or similar product without faculty approval.
4. The penalty for failing to abide by one of the above three rules is a one month suspension from any technology use for the first offense and being permanently suspended for the second offense.
5. Students are responsible for the safe handling of any equipment and agree to reimburse the school for any damages in the case of loss due to irresponsible behavior or negligence.
6. In the course of instruction, students will focus on the teacher's directions in the use of the equipment.
7. Parents & Students must read these rules and agree with their signatures.

Student Printed Name Student Signature Date For 2010-2011 School Year

Parent/Guardian Printed Name Parent/Guardian Signature Date For 2010-2011 School Year

EXTRA CURRICULAR ACTIVITIES

- Students who participate in sports will be required to have a current sports physical on file with HLHS and sign specific permission forms, NSAA forms and athletic code of conduct. These forms will be made available to those students.
• Other extra curricular activities may require specific permission forms for specific events.

MEDICAL CONSENT & EMERGENCY CONTACT INFORMATION

All medications (over-the-counter and prescribed) must be administered through the school nurse or authorized personnel. Please bring all medications & instructions for dispensing to the school office . **The school does not supply medications for the students.** In addition, no medication will be administered without the completion of this form and the signature of a parent/guardian.

OVER-THE-COUNTER MEDICATION: Parents must provide over-the-counter medications such as aspirin, cough lozenges, etc. for their own student(s) to the school in the original container. Please mark the student's name clearly on the top of the bottle/package.

PRESCRIBED MEDICATION: Prescribed medication must be in the original container in which it was purchased. Name of medication, dosage, time to be given, student name, and physician name must be printed on the container.

PRESCRIBED TREATMENT: Treatments should be described on a written prescription from the physician.

Heartland Lutheran will not be responsible for anything that may happen as a result of false information given at the time of enrollment of if you do not keep the school updated on changes.

I give my permission to the school nurse and/or authorized personnel to administer medication I have provided as instructed on the medication container and /or administer treatment as prescribed.

Student Name: _____

Parent/Guardian Printed Name Parent/Guardian Signature Date _____
For 2010-2011 School Year

Please list an emergency contact person for us to contact in the event you cannot be reached at the time of an emergency.

Name: _____ Phone#: _____

Relationship to student _____

Physician of choice: _____ Phone#: _____

If a parent/guardian, emergency contact or physician of choice cannot be reached at the time of an emergency, and if immediate treatment is necessary, do you authorize and direct the school authorities to seek emergency treatment? (Call 911)

Yes _____ No _____
Parent/Guardian Printed Name Parent/Guardian Signature Date _____
For 2010-2011 School Year

Please note any medical conditions or handicaps which the school should be aware. Please include allergies (seasonal, food, medical) asthma, etc. **and all medications that the student will need to take on a regular basis during the school day.**

INSURANCE INFORMATION

Student Name _____ is covered under this health insurance plan.

Name of Insurance Carrier _____ Policy # _____

Parent/Guardian Printed Name Parent/Guardian Signature Date _____
For 2010-2011 School Year

TUITION PAYMENT AGREEMENT (ALL STUDENTS)

Please choose the tuition payment option you are selecting for the 2010-2011 school year.

(Any questions regarding tuition payment selections & your tuition amount may be directed to Cyndi Hayes 385-3900)

___ I/We would like HLHS to set up a monthly automatic payment for tuition on my/our behalf.

___ I/We prefer the monthly withdrawal to be made on the 7th of the month

Choose One Date

___ I/We prefer the monthly withdrawal to be made on the 22nd of the month
Payments begin July 2010 and end June 2011

(For this option please complete the attached Simply Giving form
and return with this registration packet to HLHS)

___ I/We will set up a monthly reoccurring payment for tuition through a bill pay plan at my financial institution. I understand payments should begin July 2010 and end June 2011. My financial institution will issue a check payable to HLHLS the ___ day of each month beginning July 2010.

___ I/We will prepay entire tuition due by July 31, 2010.

___ I/We will make equal quarterly payments due July 31, 2010, October 31, 2010, January 31, 2011 and April 30, 2011.

I/We understand that a non-refundable \$100 registration fee is due before my child's registration will be processed (\$50 IF RECEIVED PRIOR TO MARCH 10, 2010) AND that the \$100 supply fee and \$30 activity fee are due by September 1, 2010. These fees are payable directly to HLHS and are not a part of the tuition payment.

Parent/Guardian Printed Name _____
Parent/Guardian Signature Date _____
For 2010/11 School Year

Parent/Guardian Printed Name _____
Parent/Guardian Signature Date _____
For 2010/11 School Year