

Registration Packet

Heartland Lutheran High School provides a Christ-centered education, equipping young men and women for excellence in learning, service, and leadership.



3900 W. Husker Hwy
Grand Island, NE 68803
www.heartlandlutheran.org

Please return this completed form with the registration fee to the Heartland Lutheran High School office in order to register your child for the current school year, reserving your child's spot in his/her class. **All pages MUST be completed.**

We need you to complete these sections. We need you to complete these sections.

Student's Legal Name:	
<i>Student Goes by:</i>	<i>Date of Birth</i> ____/____/____
<i>Soc. Sec. #</i>	<i>Student Cell Number</i>
<i>Grade Entering:</i>	<i>M/F</i>
<i>Will Student Bring Phone to School</i> Yes No	
<i>Student Lives With: Both Father Mother Other</i> If Other please give relationship:	

Student's Mailing Address	City/State
Physical Address (if different)	
Student Email	Email
Church Membership Info	Church City

Mother's Name			
Address if different than student	Employer		
Phone Numbers	Home Phone	Work Phone	Cell Phone
Email Address			
Church Affiliation/Membership	<i>(list if different from student)</i>		

Father's Name			
Address if different than student	Employer		
Phone Numbers	Home Phone	Work Phone	Cell Phone
Email Address			
Church Affiliation/Membership	<i>(list if different from student)</i>		

Step-parent/Guardian Name			
Address if different than student	Employer		
Phone Numbers	Home Phone	Work Phone	Cell Phone
Email Address			

Siblings Names	Age	Grade	School Attending (If applicable)

In an EMERGENCY situation if we cannot reach you at home, work or by cell phone, please list two people who have agreed to take responsibility for your child and consented to the release of their phone numbers so that we may use them as an alternative contact.

Name/Phone # for Contact #1	
Relationship to student	
Name/Phone # for Contact #2	
Relationship to student	

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.

Parent/Guardian Printed Name _____ Parent/Guardian Signature Required _____ Date _____

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 Required _____ Date _____

TECHNOLOGY ACCEPTABLE USE

I grant permission for my child to use the technology available at HLHS, recognizing that he/she is expected to abide by all related policies in the Student/Parent Handbook.

Parent/Guardian Printed Name _____ Parent/Guardian Signature Required _____ Date _____

I will abide by all technology related policies as listed in the Student/Parent Handbook.

Student Printed Name _____ Student Signature Required _____ Date _____

If deemed necessary, this student will be sent to your family doctor or the emergency room at parent/guardian's expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Heartland Lutheran personnel to promote the health and safety of my child.

Parent/Guardian Signature Required _____ Date _____

The above signature acknowledges I have read and consent to the above statement.

Statement of Intent

We, as parents, desire a quality, Christ-centered, secondary education for our child, and believe Heartland Lutheran High School will provide this type of education. We understand that education includes a partnership between the parents and the school. Therefore, we will actively support the school and our child's education. We will abide by the school's policies and regulations, and as parent/guardian or responsible party, agree to pay or have paid all tuition/fees due for the attendance of this student at Heartland Lutheran High School. We hereby acknowledge that acceptance and continuation of attendance at HLHS is dependent upon both the students and parents living a lifestyle that is in accordance with Biblical values as taught and promoted by this school.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

I want to attend Heartland Lutheran High School and will do my best to be an asset to the student body.

Student Signature _____ Date _____

MEDICATION ADMINISTRATION RELEASE

All medications (over the counter and prescribed) must be administered through the school nurse or authorized personnel. Please bring all medications for your student and 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 ibuprofen, cough lozenges, etc. for their student in the original container. Please mark with the students name.

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 give at the time of enrollment or 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 _____ Date _____

Parent/Guardian Signature Required _____

List Known Allergies	
Has your student ever been hospitalized because of an allergy? If yes, what allergen and when	
List diseases, operations, injuries with year of occurrence	

List medications administered at home	
List medications to be administered at school	

Doctor's Name/Group Name	
Doctor's Phone Number	
Doctor's Address	
Dentist's Name/Group Name	
Dentist's Phone Number	
Dentist's Address	

Insurance Company	
Policyholder Name	
Group ID	
Member ID	

FILL OUT THIS SECTION ONLY IF YOU DO NOT HAVE INSURANCE FOR YOUR CHILD

Heartland Lutheran **does not** provide insurance for students. **All students participating in sports or school activities must have some form of insurance** OR Families may purchase accident insurance through the school. Accident insurance forms are available through the school office.

If your family **does not have insurance** or does not want to purchase accident insurance you must agree to take care of all medical expenses for your child.

I/We currently do not have medical insurance coverage and agree to take care of all medical expenses for our child.

Parent/Guardian Signature _____ Date _____

Everyone MUST complete these sections.

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Everyone MUST complete these sections.

Heartland Lutheran High School

TUITION PAYMENT AGREEMENT

Please choose the tuition payment option you are selecting for the 2024/2025 school year.

Tuition payment selection must be made online through the FACTS program. Go to the school website www.heartlandlutheran.org under parent information for the FACTS link.

(Any questions regarding tuition payment selections and your tuition amount may be directed to our bookkeeper) (308) 385-3900

_____ I/We will prepay the entire tuition amount due by August 1, 2024 *Option for GRADES 9-12*

_____ I/We will set up the automatic payment plan through FACTS for 10 monthly payments. Payments begin in July and end in April. There is a \$43 per year, per family charge for this option. *SENIORS must use this monthly option OR prepay entire year.*

_____ I/We will set up the automatic payment plan through FACTS for 12 monthly payments. Payments begin in July and end in June. There is a \$43 per year, per family charge for this option. *FOR GRADES 9-11*

_____ I/We will set up the automatic payment plan through FACTS for quarterly payments which will be made in July, Oct., Jan., & April. There is a \$43 per year, per family charge for this option. *FOR GRADES 9-12*

I/We understand that a registration fee of \$500 is due, but will be applied toward tuition. Please let the bookkeeper know if you would like to include your registration of \$500 with your tuition payment plan.

Student Name: _____

_____ Parent/Guardian Printed Name _____ **Parent/Guardian Signature** Date: _____

_____ Parent/Guardian Printed Name _____ **Parent/Guardian Signature** Date: _____

Mailing Address of person responsible for paying tuition.		
More contact info	Phone	Email
Are you applying for tuition assistance?	No ___ Yes ___ If yes, please see application at end of packet	
	Will you receive tuition assistance from any other source than HLHS? No ___ Yes ___	

Everyone MUST complete these sections.

PARENTAL INVOLVEMENT

We hope that you will become involved in one or more aspects of Heartland Lutheran and its programs. Involvement is a great way to get to know other Heartland families and students, and can be a lot of fun. You are invited to indicate your interest in the following areas: Indicate (F) for father and/or (M) for mother

Fundraising _____ Booster Club _____ Coaching _____
 Music Programs _____ Special Events Volunteer (RED & BLUE, etc) _____ Field Trip Driver _____

Other areas of interest for you not listed above _____

Do you have special gifts, contacts or resources that could be shared with Heartland Lutheran? If so, please list:

FAMILY REFERRAL

Do you know other families who would like information about Heartland Lutheran?

Name _____ Student Name _____ Grade _____

Phone _____ Address _____ City/State/Zip _____

Name _____ Student Name _____ Grade _____

Phone _____ Address _____ City/State/Zip _____

GRANDPARENT INFORMATION (To be included in our mailing list)

Name of Father's Parents

Address _____

City _____ State _____ Zip _____

Email Address _____

Name of Mother's Parents

Address _____

City _____ State _____ Zip _____

Email Address _____

Additional Grandparent Name

Address _____

City _____ State _____ Zip _____

Email Address _____

Additional Grandparent Name

Address _____

City _____ State _____ Zip _____

Email Address _____

General well-being questions—If the answer is yes to any of these questions, please explain.

Has your child been involved in the court system?

Has your child undergone any counseling?

Are there any health conditions of which we should be aware?

Are there any family situations of which we should be aware?



Financial Information

TUITION COSTS

Basic Tuition: \$6,800 per student for the school year
\$567.00 per month for 12 months
\$680.00 per month for 10 months
Quarterly and One Payment in full is also welcomed!

The HLHS Board of Directors annually reviews and sets the basic tuition.

DISCOUNTS

- \$600 discount for members of association congregations.
- 25% discount on the tuition for the 2nd child concurrently attending HLHS from an immediate family and 50% discount for additional children concurrently attending (to be calculated after the Association Discount if applicable).
- 50% discount for each child from association called church worker family.
- Other than the association discount, discounts do not add up. A family that qualifies for more than one discount will receive the largest one.

FEES

Registration fee for students is \$500 to cover items such as activity fees, a yearbook, material costs, etc. This amount is applied toward your total tuition bill.

The discounted registration fee for students is as follows:
\$400 by March 15, 2024.
\$450 by May 1st, 2024.

PAYMENT OPTIONS

- A) Pay-in-full by August 1
- B) 12 monthly payments—July through June—done through FACTS and processed on the 5th or 20th of each month. There is a \$43 fee for this option. Not available to seniors.
- C) 10 monthly payments—July through April—done through FACTS and process on the 5th or 20th of each month. There is a \$43 fee for this option.
- D) 4 quarterly payments—July, October, January & April—done through FACTS and processed on the 5th or 20th of the month. There is a \$43 fee for this option.

All families are required to select and commit to one of the tuition payment options. Extenuating circumstances may be considered. No student may attend class until the signed tuition agreement is submitted.

Payment of fees and option 1 can be completed by cash, check or credit card. HLHS reserves the right to enforce penalties for late and/or non-payment.

TUITION ASSISTANCE

We seek to make it possible for all interested families to select HLHS to educate their children as the ability to pay full tuition is not a criterion for enrollment. Therefore, we have established a tuition assistance program. All HLHS families are eligible to apply. Tuition assistance grants are awarded based on demonstrated financial need. Tuition assistance applications (TAA) are completed online through FACTS. The TAA must be completed in full in order to be considered. Families are encouraged to apply as early as possible as funds are limited. There is a \$30 fee to apply for tuition assistance which is charged by FACTS..

POLICIES AND PROCEDURES

- A) Tuition will be paid according to the predetermined plan as agreed to by the parent/guardian. Non-payment due to non-sufficient funds may result in a fee.
- B) Enrollment at HLHS for any portion of a quarter (grading period) constitutes a quarter of tuition.
- C) HLHS recognizes that occasionally circumstances make it impossible to make payments on a schedule. At such a time, please contact the Office to discuss options. HLHS seeks to work with families in a proactive manner when financial situations arise.
- D) Students who do not have all tuition and fees paid in full by graduation will not be allowed to participate in graduation ceremonies nor receive a diploma.
- E) Students will be responsible for materials that are not returned (such as athletic uniforms or art supplies), damage to lockers or other school property, and for textbooks or Chromebooks that must be replaced due to damage.

NON-PAYMENT

Services may be suspended or re-enrollment denied if payments are not kept current. All tuition and fees from the previous school year must be paid in full before the student will be allowed to begin the next school year.

COST PER STUDENT

The cost to educate each student at HLHS exceeds \$12,000 per student, so tuition and fees do not cover the cost. Each student actually receives a grant valued at over \$5,000. Other income is realized through congregations, fundraisers, and donations. HLHS relies on volunteers, including parents, to help keep costs as low as possible.

Heartland Lutheran High School

Tuition Assistance Request Form

-RETURN TO HEARTLAND LUTHERAN OFFICE ASAP-

Families must complete & submit this form and the FACTS assessment online by April 15, 2024 to be considered for a tuition assistance award for the 2024/2025 school year.

Heartland Lutheran utilizes the FACTS Aid Assessment process to assist in determining a family's financial need. Please return this form ASAP to Heartland Lutheran and then you will receive the information on how to apply for aid through FACTS. There is a \$30 fee (Payable to FACTS) per family when completing the FACTS application. Tuition assistance is awarded from Heartland Lutheran's tuition assistance fund, Adopt a Student Program and through the Heartland Lutheran Foundation. **NOTE: Award decisions are not made by FACTS, but by Heartland Lutheran High School based on recommendations from FACTS and information on this application form.**

Communication regarding tuition assistance that is being awarded to families will take place by June 1, 2024.

PARENT/GUARDIAN INFORMATION

Name(s) _____
(Mother or Guardian) (Father or Guardian)

Name of person responsible for tuition _____ Address _____

City _____ State _____ Zip _____

HEARTLAND STUDENT INFORMATION (You can list all students on one form)

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

OTHER CHILDREN/LEGAL DEPENDENTS

Name _____ Age _____ School (if in school) _____

Name _____ Age _____ School (if in school) _____

Name _____ Age _____ School (if in school) _____

Name _____ Age _____ School (if in school) _____

We are members of _____ (church) Or mark here if no affiliation _____

Have you requested aid/discussed this matter with your church? No ___ Yes ___ If yes, what was the result?

Do you have family that may be able to help with tuition? No ___ Yes ___ If yes, please explain:

Reason(s) for tuition assistance request
(Explain, include monetary amounts, attach additional sheets if needed):

Financial hardship: _____

(Continued on next page)

Catastrophic medical or casualty loss: _____

Other and additional information that may be helpful in making our decision (please be specific):

Typically, the maximum tuition assistance is limited to 50% of the family portion of tuition, (although each application is considered individually and special circumstances may adjust that amount). With that in mind, and after prayerful consideration, within these guidelines, what do you believe you are able to pay monthly?

\$ _____

This information is confidential and will only be shared with the Heartland Lutheran Tuition Assistance Committee to determine your tuition assistance.

I _____ pledge that the information on this form is complete and accurate to the
(Parent/Guardian Name) best of my knowledge.

Date Parent/Guardian Signature Parent/Guardian Signature

I agree to take part in at least two specific school events that raise funds for Heartland Lutheran if tuition assistance is awarded to our family. I understand that failure to participate in these events will directly affect continuation of our tuition assistance.

Date Parent/Guardian Signature Parent/Guardian Signature

Return Completed Form to: Heartland Lutheran High School by April 15, 2024.

3900 W. Husker Hwy./Grand Island, NE 68803

Notification of tuition assistance will be announced by June 1, 2024.

FACTS online applications for tuition assistance for 2024/2025 school year may be submitted starting February 15, 2024 and application must be received by FACTS by April 15, 2024 for consideration for tuition assistance.

Applicants can apply online at www.factsmgt.com. There is a \$30 per family application fee to submit your application.

Once an online application is completed, the following information is required for FACTS to process your application:

- 1) Copies of your most recent Federal tax return including all supporting tax schedules
- 2) Copies of your W-2 forms for both you and your spouse
- 3) Copies of supporting documentation for Social Security income, Welfare, Child Support, Food Stamps, Worker's Compensation, and TANF. All supporting documentation may be uploaded to the FACTS site.

Questions about FACTS application process? Contact FACTS Customer Service 1-866-441-4637.