

Valley Lutheran High School

3560 McCarty
Saginaw, MI 48603
989-790-1676
www.vlhs.com

Office Use Only

Entrance Test _____
Classes _____
Tuition Down Payment _____
Date Received _____
Check # _____
Amount \$ _____
Financial Assist _____

Date _____

New Student Registration Form

2019-2020

Revised 11/18

Circle Grade Level Applying For: 9 10 11 12

Student Name _____ Date of Birth _____
First Middle Last

Nickname _____ Student Cell _____

Male Female
Ethnic Group: American Indian Asian Black Caucasian Hispanic
 Pacific Islander Multi-Racial Other _____
 Prefer not to answer

Student Address _____
Number/Street City Zip

Preferred parent email address for correspondence _____

I do not have internet access, please mail information (there is a delay in getting information)

Primary Telephone _____ Land- line/ mom cell/ dad cell (please circle one)

School Directory: Don't list address Don't list phone number

Place of Birth _____

Country of Citizenship _____ Primary Language in the Home: _____

School last attended _____ Principal or Guidance Counselor _____

Church Membership _____

Home Public School District _____ County _____

Does the student have special health needs? No Yes, please explain. _____

Does the student have documented special learning needs? No Yes, please explain _____

Does the student **currently** have an IEP or other formal Accommodation Plan? Yes No

Is the student currently receiving Special Education services from another school? Yes No

Has the student been involved with any significant school discipline (suspension, expulsion) within the last 3 years?
If yes, please list.

Has the student had any involvement with legal authorities (other than minor traffic violations) within the last 3 years?
If yes, please list.

FAMILY INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

FATHER STEPFATHER OTHER _____ MOTHER STEPMOTHER OTHER _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Home Telephone _____

Cell phone _____ Cell phone _____

Email for correspondence _____ Email for correspondence _____

Occupation/Title _____ Occupation/Title _____

Employer _____ Employer _____

Business Telephone _____ Business Telephone _____

VLHS Graduate? If yes, what year? _____ VLHS Graduate? If yes, what year? _____

Maiden Name (if VLHS graduate) _____

In case of divorce or separation, is step-parent authorized to excuse or pick up YES NO

ADDITIONAL FAMILY INFORMATION IF DIVORCED OR SEPARATED

Parent/Guardian Name _____ Parent/Guardian Name _____

FATHER STEPFATHER OTHER _____ MOTHER STEPMOTHER OTHER _____

Should duplicate mailings be sent or released for (please check if yes) Financial Grades Discipline

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Home Telephone _____

Cell phone _____ Cell Phone _____

Email for correspondence _____ Email for correspondence _____

Occupation/Title _____ Occupation/Title _____

Employer _____ Employer _____

Business Telephone _____ Business Telephone _____

VLHS Graduate? If yes, what year? _____ VLHS Graduate? If yes, What year? _____

Maiden Name (If VLHS graduate) _____

If divorced or separated, does this parent have legal custody? YES NO

In case of divorce or separation, is parent/step-parent authorized to excuse and/or pick up YES NO

If there is any information concerning your family situation of which we should be aware, please explain below:

Two Alternate Emergency Contacts (other than parents or guardians that child can be released to):

Name	Relationship to Student	Phone
_____	_____	_____
_____	_____	_____

Sibling Information

Name of Brothers/Sisters	Current Grade	School Attending	VLHS Graduate?	Year of Graduation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Church Membership Verification

(Only to be completed by students holding membership in the congregations of the Lutheran Church-Missouri Synod)

This student qualifies for the tuition rates established for members of our congregation.

_____	_____
(Pastor's Signature)	(Congregation)

Confirm Professional Church Worker Status

_____ is eligible for the professional church worker tuition grant because he/she is
(Parent's Name)
a pastor, formally called or contracted K-12 teacher, or formally called to another position at

_____	_____
(Name of Congregation/School)	(Pastor's Signature)

Financial Aid

*Thanks to the support of generous donors, Valley Lutheran High School is able to offer financial aid to families with a demonstrated need. For full consideration applications must be **received no later than April 1**. Late applications will be considered as funds are available.*

*****Applications are processed online through FACTS Management. Link is on our website at VLHS.com or <https://online.factsmgt.com> for info.**

Student Directory and Information Release

*From time to time directory information is released. This includes the publication of the student directory as well as release to the media for publication (honor roll, student awards, etc.) Students may be photographed while participating in school activities. Such images may appear in news articles, and school publications such as the yearbook, brochures, social media and the school website. **Please initial here ___ if you do not want this information released.***

Enrollment Contract

Christian Ministry Agreement

Valley Lutheran High School is a recognized service organization of the Lutheran Church- Missouri Synod (LCMS). As such, it seeks to provide a Christian high school education in harmony with the Bible and the Lutheran confessions, which are based on the Bible. *(continued on following page)*

Christian families agree to honor and respect the School's mission to "prepare our students as children of God academically, physically, socially, emotionally and spiritually to serve in the world today and tomorrow," by striving to maintain a home environment where Christ is worshipped and God's Word is authoritative and by regularly worshipping as a family in a Christian church. We expect families who are not Christian to honor and respect the school's mission to "prepare our students as children of God academically, physically, socially, emotionally and spiritually to serve in the world today and tomorrow," by being supportive of this mission and, in conversation and action, not discouraging this mission in any way.

Students and parents are expected to respect and support the school's right to determine its Statement of Beliefs. Students, parents and other family members may not, in a manner which damages the school, promote beliefs and/or behaviors contrary to those of the school or otherwise weaken the LCMS Christian atmosphere at the school. If a student, family member of a student, or applicant for enrollment challenges the school's statement of beliefs, the school may exercise its right to religious freedom that could result in disciplinary action up to denial or termination of enrollment.

Attending Valley Lutheran High School is a privilege and therefore full cooperation is expected from students and parents regarding all rules and regulations. We operate on the premise that the school has the authority to reprimand, suspend, or expel a student whenever rules are not obeyed or when they engage in a life-style which is contrary to the teachings of the LCMS.

Only those who meet our academic requirements, behavior standards, and tuition obligations will be permitted to continue as members of our student body. By signing this contract we are accepting the rules and regulations of Valley Lutheran High School as stated in the student handbook which may be amended by the Board of Directors from time to time.

Financial Agreement

New students make a non-refundable \$200 tuition down payment at the time of registration. New students registering after June 30 make a one month tuition payment at the time of registration, \$200 of which is non-refundable.

Tuition must be paid on time. Credit for courses taken will be granted only if tuition and fees are fully paid. Students with past due accounts will not receive school records, grades or transcripts. Parent/guardian agrees that tuition will not be listed in bankruptcy proceedings. If your account should go delinquent, all costs we incur to collect this debt will be your responsibility. These costs include, but may not be limited to, late charges, collection agency fees, attorney fees and court costs. Students may be removed from classes if tuition is in arrears.

Students who withdraw, or are removed from the student body during the school year, are responsible for the full tuition for any quarter that they attended in whole or in part. Grades and/or transcripts will not be released to a different school until financial obligations have been met. Students withdrawing before the end of a school year must also surrender their student identification card or pay \$50.

Tuition rates are established annually by the Valley Lutheran High School Board of Directors. Tuition invoices are mailed to parents in early July. Parents may elect to pay 11 equal monthly installments by check or electronic fund transfer (EFT), with the first payment made in July. There will be a \$15 charge for each returned check. Please contact the Business Manager if you need to discuss payment arrangements.

By executing this document, the parent(s)/guardian(s) agree to be contractually obligated for all tuition and costs in connection with their child's enrollment for all years at Valley Lutheran High School.

It is my belief that all information included in or with this registration is accurate. I understand that failure to disclose pertinent information regarding the questions above could result in denial of admission or dismissal.

Note: Signatures of both parent/guardian and student, as well as social security numbers are required for enrollment. Please include the tuition down payment of \$200 with the registration form.

Signature of Student _____ Social Security Number _____

Signature of Parent or Guardian _____ Social Security Number _____

Percentage of tuition to be paid by person listed above _____

Signature of Parent or Guardian _____ Social Security Number _____

Percentage of tuition to be paid by person listed above _____

If less than 100%, please list other party responsible for remainder of tuition _____

Mailing address _____ Date _____ Revised 11/18