



## WOLF RIVER LUTHERAN HIGH SCHOOL

Shellie Kosmerchok, Principal  
W7467 River Bend Rd, Shawano, WI 54166

(715) 745-2400  
<http://www.wrlhs.org>

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# Preparing Christian Leaders

## STUDENT ENROLLMENT PROCESS CHECKLIST

**STUDENT NAME:**

\_\_\_\_\_

**GENDER:** \_\_\_\_ **GRADE LEVEL:** \_\_\_\_ **SCHOOL YEAR:**

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PREVIOUS SCHOOL** (if applicable):

\_\_\_\_\_

\_\_\_\_\_ 1. Create an Online Account for student at <https://tinyurl.com/wrstudent> to apply online and be part of the Student Information System.

\_\_\_\_\_ 2. Complete the Student Registration form for the 2024 - 2025 school year. Form can be found at <https://tinyurl.com/528h2nfb>.

\_\_\_\_\_ 3. Complete the Private School Choice Programs: 2024 - 2025 Student Application at [Private School Choice Programs Application for 2024-2025](#) **Program opens February 1, 2024 after 8:00 a.m.**

**The following documents are required:**

- Copy of student's birth certificate
- Copy of immunization records **MUST** be turned in prior to the first day of the school year.
- Copy of student's transcript/grades from previous school (Record Release form signed)
- Proof of withdrawal from last high school attended, if applicable
- Copy of current IEP or 504, if applicable



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## **PREPARING CHRISTIAN LEADERS TODAY! PARENT QUESTIONNAIRE**

WRLHS Mission Statement: The Mission of Wolf River Lutheran High School is to provide a quality Bible based Christian education which will prepare students to attain their life goals and lead productive Christian lives in an ever-changing world under God's grace in Jesus Christ.

In adherence with the mission statement, we request the following information so that the needs of this student and the current students of WRLHS can best be served. This information will not be used to automatically disqualify a student from being admitted to WRLHS. However, this information will be considered along with other information in the admission process. The information will remain confidential and disclosed only to staff with a need to know.

Print Parents Full Name(s) \_\_\_\_\_

1. How did you learn about WRLHS? \_\_\_\_\_

2. Briefly explain why you want your child to attend WRLHS. \_\_\_\_\_

\_\_\_\_\_

3. Describe your area of interest and/or involvement in your church. \_\_\_\_\_

\_\_\_\_\_

4. What are your child's academic strengths? Weaknesses?

\_\_\_\_\_

\_\_\_\_\_

5. Did you select WRLHS for your child or did you leave that decision to your child?

\_\_\_\_\_

6. Does your child have any known differences/difficulties diagnosed or do they have a current IEP? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

7. Has your child received any counseling in the past two years? If yes, please explain.

\_\_\_\_\_

(More on back)

8. Should the school be aware of any medical condition that your child has or any medication your child is currently taking? If yes, please explain.

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9. Describe your child's special interests, talents, and abilities.

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10. Has your child ever experienced any social or behavior problems in school? If yes, please explain.

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11. Has your child ever been expelled, suspended, asked to withdraw from school or subject to an athletic and/or extracurricular suspension at any time in your academic history? If yes, please explain.

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12. Has your child, to your knowledge, ever experiment with or does he/she have a history of alcohol or any other type of drug use? If yes, please explain.

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13. Has your child ever been in any type of trouble with law enforcement officials? If so, please explain.

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14. What is the marital relationship in your house?

Parents are: (circle one) Married & living together

Separated

Divorced

One parent deceased

Child living with natural parent & stepparent

Other \_\_\_\_\_

If you are divorced or separated, who has legal custody of the child? \_\_\_\_\_

Who has physical custody? \_\_\_\_\_

Please outline visitation rights in cases of emergency. \_\_\_\_\_

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15. If you have any further information which may assist us in the guidance of your child at WRLHS, please indicate below:

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I have answered this questionnaire honestly. I understand that discovery of any false information could lead to the immediate dismissal of this student from Wolf River Lutheran High School. I also understand that all fees and required tuition will be forfeited for dismissal based on false answers. I also give my permission for the school to contact my child's current school to discuss the contents of the student's records.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## VISITING STUDENT QUESTIONNAIRE

Dear Student,

We are glad you are considering Wolf River Lutheran High School! As a small school, we offer individualized classes and activities based on our students' needs and interests. To help us get to know you better, please complete the following questionnaire. Your responses will be kept confidential, so please answer honestly. Thank you! Mr. Steinhaus

Date:\_\_\_\_\_ School Currently Attending:\_\_\_\_\_ Grade:\_\_\_\_\_

Student Full Name:\_\_\_\_\_

Parent(s) Name:\_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Phone #:\_\_\_\_\_ Email:\_\_\_\_\_

How did you learn about Wolf River Lutheran High School?

☐ Facebook ☐ Your School ☐ A Friend ☐ A Relative ☐ Someone from Wolf River ☐ Other

Do you have any friends or relatives currently attending Wolf River Lutheran High School or in prior years?

☐ Yes ☐ No If yes, please list name(s):\_\_\_\_\_

What activities interest you in High School?

SPORTS:\_\_\_\_\_

CLUBS & GROUPS:\_\_\_\_\_

Would you like to shadow for a day at Wolf River Lutheran High School? ☐ Yes ☐ No



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## Permission to Release Records from Previous School

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

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

### Signature of Parent or Guardian

\*Valid only if signed by an adult pupil (18 years of age or older) or parent or guardian of a minor pupil.

The student named above is seeking enrollment at Wolf River Lutheran High School. To enable us to evaluate the above student and decide upon the appropriate educational services, please send the following records at your earliest convenience:

#### Progress Records

☒

Progress records consist of a statement of courses taken, grades awarded, the student's attendance record, immunization records, and a statement of extracurricular activities in which he/she participated.

#### Behavioral Records

☒

Behavioral records include psychological tests, personality evaluations, student's behavior records, tests relating to achievement or measurement of ability, IEP records, physical health records other than immunization records, court records, and law enforcement records.

#### Law Enforcement Records

☒

Information obtained from a law enforcement agency.

#### Patient Health Care Records

☒

All records relating to the health of a student prepared by or under the supervision of a health care provider, which are not included in the student physical health records (i.e., sports physicals).

The information will be kept confidential and be used for professional reasons only.

School last attended:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Thank you!

Ron Schroeder, Principal  
Wolf River Lutheran High School  
[principal@wolfriverlhs.org](mailto:principal@wolfriverlhs.org) 715.745.2400

2/2/23



# WOLF RIVER LUTHERAN HIGH SCHOOL

## TUITION PAYMENT OPTIONS & SCHEDULE

### 2024 - 2025 SCHOOL YEAR

#### PREPARING CHRISTIAN LEADERS

Please sign and return to the office no later than August 14, 2024 so invoices can be completed for the 2024 - 2025 school year. Thank you. Mrs. Kosmerchok

Parent(s)/Guardian(s) Names: \_\_\_\_\_

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

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

Please schedule my tuition payments accordingly. **(Check the appropriate box.)**

☐ One Payment by 8/19/2024      ☐ 10 Monthly Payments      ☐ 4 Quarterly Payments

Tuition	Non-Association Scholarship	New Freshman Scholarship	Total Tuition	10 Monthly Payments	4 Quarterly Payments
\$5800	NA	\$1,000	\$4800	\$480.00	\$1,200.00
\$5800	NA	NA	\$5800	\$580.00	\$1,450.00
Tuition	Association Scholarship	New Freshman Scholarship	Total Tuition	10 Monthly Payments	4 Quarterly Payments
\$5800	\$1,000	\$1,000	\$3800	\$380.00	\$950.00
\$5800	\$1,000	NA	\$4800	\$480.00	\$1,200.00

Payments will be adjusted with financial assistance and if other scholarships become available. Tuition Assistance is available for families. Please apply at [FACTS - FACTS Management](#) by May 31, 2024 for consideration in July, 2024. If you are a Wisconsin Choice family you do not need to return this form.

☐ I have applied for financial assistance.      ☐ I will be applying for financial assistance.

☐ I will not be applying for financial assistance.

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

\_\_\_\_\_  
Date

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