



# 2018-2019 New Student Application

## Kindergarten – Grade 8

### Student Information

**Please circle grade your child is entering:**      K   1   2   3   4   5   6   7   8                       Male    Female

Optional: State forms require we identify our students by race. Please mark which category fits your child.

White                                       African American  
 Asian/Pacific Islander                       Alaskan, Native American  
 Hispanic                                       Other

NAME:      LAST                                      FIRST                                      MIDDLE                                      NAME CHILD WISHES TO BE CALLED

ADDRESS                                      CITY                                      STATE                                      ZIP                                      (AREA CODE) HOME TELEPHONE

DATE OF BIRTH                                      BIRTHPLACE (City, State)                                      CHILD'S SOCIAL SECURITY NUMBER

LAST SCHOOL ATTENDED                                      ADDRESS                                      CITY                                      STATE      ZIP

**PLEASE LIST ANY KNOWN ALLERGIES:** \_\_\_\_\_

Please explain any "yes" answers on a separate sheet of paper

- YES    NO    Has this child ever been dismissed or suspended from any school?
- YES    NO    Does this child have any behavioral problems?
- YES    NO    Does this child have any problems getting along with others?
- YES    NO    Does this child have any learning problems?
- YES    NO    Does this child have any physical disabilities?

### Parent Information - Parents Living With Child:

FATHER                                      OCCUPATION / TITLE                                      WORKPLACE                                      WORK PHONE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CELL PHONE                                      SOCIAL SECURITY NUMBER                                      BIRTHDATE                                      E-MAIL ADDRESS:

MOTHER                                      OCCUPATION / TITLE                                      WORKPLACE                                      WORK PHONE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CELL PHONE                                      SOCIAL SECURITY NUMBER                                      BIRTHDATE                                      E-MAIL ADDRESS:

### Parents Not Living With Child:

NAME                                      ADDRESS                                      CITY                                      STATE                                      ZIP                                      (AREA CODE) PHONE

OCCUPATION / TITLE                                      WORKPLACE                                      WORK PHONE

Please clearly list any restrictions to the non-custodial parent's rights on a separate sheet of paper. Also, please include any court documents that may apply to these restrictions.

### Religious Affiliation

**Child's Baptismal Information:**                                      MY CHILD HAS NOT BEEN BAPTISED

BAPTISMAL DATE                                      CHURCH NAME WHERE BAPTIZED                                      CITY                                      STATE

FATHER'S CHURCH MEMBERSHIP                                      MOTHER'S (If Different)                                      CHURCH CHILD REGULARLY ATTENDS (If Different)

Our Savior Lutheran School admits students of any race, color, gender, national or ethnic origin to all of the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies, scholarships and any other school administered programs.

**OVER - PLEASE COMPLETE BOTH SIDES**

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## Sibling Information

NAME	BIRTHDATE	CURRENT SCHOOL	CURRENT GRADE

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Admission to Our Savior Lutheran School is a privilege. It is a privilege granted to those students who manifest a desire to live and work as Christ-centered, Bible-believing Christians. The school reserves the right to dismiss any student who, in the opinion of the administration and Board of Day School Education of Our Savior Lutheran Church, is not assimilated into the spirit of the school, whether or not that student has kept all the rules and regulations of the school.

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## A Parental Pledge

Recognizing the value of a Christian education, as a member of the Our Savior Lutheran School Family, I agree to comply with the following expectations:

1. Because a genuine Christian education is comprehended in proper and regular attendance at Divine Services and Sunday School, I will attend church and Sunday School with my child at my church.
2. Because a child learns from his or her parents over and above the training offered at Our Savior Lutheran School, I shall strive to set an example of Christian living.
3. Because a vital part of the educational program of Our Savior Lutheran School is religious instruction, I agree that my child shall take part in all of the religious services of the school as well as its religious instruction periods.
4. Because a large financial outlay is required to operate the school, I agree to assist in the support of the school through the regular payment of tuition.

I hereby certify that the above statements are true and pledge to uphold all rules and regulations at Our Savior Lutheran School and will assure that my child regularly attends Sunday School and Church. I understand that my child's acceptance is conditional upon the results of interview with the principal and the results of any placement tests which may be administered.

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Signature of Parent/Guardian

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Date

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Tuition may be paid as listed below. Please indicate with a check the payment method you prefer:

- 1 payment** Due in full on June 15, 2018, by cash or check. (A 5% discount will apply.)
- 12 payments** Due on the 1<sup>st</sup> or the 15<sup>th</sup> of each month, beginning June 2018, and ending May 2019 by automatic withdrawal through your checking or savings account.

**\*\*\*You may contact the office if you need to make other payment arrangements.\*\*\***

**If you have been referred by another Our Savior Lutheran School family, please attach the referral card. A 5% discount will be applied if your child remains enrolled for at least one semester.**

All fees must be paid by the end of the school term. Report cards, graduation diplomas, and/or transcripts will not be issued until all fees are paid in full.

I understand that if we choose to transfer our child to another school for any reason after the onset of the school year, tuition due will be prorated based on the daily cost for 175 school days.

I have read and understand the above stated policy and agree to pay tuition and fees as stated in the tuition policy as outlined above. I understand that failure to make payments on schedule will result in the penalties outlined in the tuition policy as stated above.

I understand that member tuition rates are granted to those who have completed the Lutheran Information Class and attend Our Savior Lutheran Church a minimum of 26 Sundays each year.

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Signature of Parent/Guardian

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Date

**A non refundable fee of \$150.00 (\$250.00 after February 15) must accompany this application.**

**Application must be received and approved 3-5 days prior to students attending classes.**

FOR OFFICE USE ONLY			
Application Received:	Date: _____	By: _____	Remarks: _____
Fee Received:	Date: _____	By: _____	Check # _____