



2020-2021 New Student Application

Kindergarten – Grade 8

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

- 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.

OVER - PLEASE COMPLETE BOTH SIDES

Religious Affiliation

Child's Baptismal Information:

MY CHILD HAS NOT BEEN BAPTISED

BAPTISMAL DATE	CHURCH NAME WHERE BAPTIZED	CITY	STATE
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FATHER'S CHURCH MEMBERSHIP	MOTHER'S (If Different)	CHURCH CHILD REGULARLY ATTENDS (If Different)
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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.

Tuition may be paid as listed below. Please indicate which payment method you prefer:

** Any additional payment methods must be approved by the Department of Day School Education.

- 1 payment Due in full on June 15, 2020, by cash or check. (A 5% discount will apply for tuition only.)
- 10 payments Monthly, beginning August 2020 and ending May 2021 by automatic withdrawal
- 12 payments Monthly, beginning June 2020 and ending May 2021 by automatic withdrawal

- 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 will be adjusted according to the tuition payment policy found in the parent handbook.
- 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.

Signature of Parent/Guardian_____
Date

**An annual, non refundable fee of \$150.00 (\$250.00 after February 15) must accompany this application.
Application must be received and approved 5-7 days prior to students attending classes.**

FOR OFFICE USE ONLY

Application Received: Date: _____ By: _____ Remarks: _____

Fee Received: Date: _____ By: _____ Check # _____