

APPLICATION FOR OSL Church Member TUITION

For the 2018-2019 School Year

Children enrolled in Our Savior School _____ Grade _____
during 2017-18 school year _____ Grade _____
_____ Grade _____

Name of Church _____

Address (if not OSL) _____

Communicant Member(s) of Our Savior Name _____
Name _____

Communicate Member(s) of another
Lutheran church Name _____
(for students who already attend OSLS 2016-17)
Name _____

To receive the member rate, the expectations include:

- Regular weekly attendance at worship services (at least 50% monthly),
- Frequent participation in the sacrament of Holy Communion,
- Participation in the life and ministry of the congregation through your stewardship of time, talents, and treasures.

Please sign, have the pastor sign, and return this form to the school office. The school is not responsible for getting the pastor's signature for you.

Signatures of each communicant member required (where applicable):

Parent/Guardian Date Parent/Guardian Date

Pastor's Signature Date