

KINDERGARTEN-8TH GRADE ENROLLMENT FORM
2019-2020 School Year

Child's Name _____ Gender _____ Birthdate _____

Registering for grade _____

Tuition payment (choose one): Simply Giving(__10-mo) 1X Payment (2%) 2X Payment (1%)

School district of residence: _____

Name of Public school your child would attend in your district if not at OSLS: _____

Previous School(s) Attended (if any): Grade level(s): Address:

Has he/she been baptized? _____ Date _____ Student's Home Church _____

Child lives with: both parents Father Mother Other (please list)

Address _____ City _____ Zip _____

Home phone _____

Primary Email Address Contact _____

Please check if you are interested in further information about:

- Extended School Care Registration forms and the ESC handbook will be made available
- Tuition assistance application form
- Church membership at Our Savior

ALL students must have enrollment fee paid in full to complete registration.

NEW students must submit -Birth Certificate
-Physical
-Immunization Record

Students entering Kindergarten, 4th or 7th grade and all athletes must submit a physical, including immunization records.

Statement of Non-Discrimination

Our Savior Lutheran admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

Father/Stepfather's name _____

Address (if different from above) _____ Cell Phone _____

Employer _____ Occupation _____

His church (if different) _____ Denomination _____

Mother/Stepmother's name _____

Address (if different from above) _____ Cell Phone _____

Employer _____ Occupation _____

Her church (if different) _____ Denomination _____

Siblings:

Name _____ Date of birth _____ Grade _____ School _____

Name _____ Date of birth _____ Grade _____ School _____

Name _____ Date of birth _____ Grade _____ School _____

APPLICANT EDUCATIONAL INFORMATION

Has your child ever been evaluated for educational concerns? yes no

Date(s): _____ Grade(s): _____ Who requested the evaluation? _____

Evaluator(s): _____ Please describe: _____

If your child has an evaluation or IEP, please submit the ALL documentation, including the Psychological Evaluation along with an application for admission. After consultation with our Administration staff, we will notify you whether our school environment can meet the needs of your child.

Has your child ever received any of the following? (Please check all that apply)

Occupational Therapy Physical Therapy Speech Therapy
 Language Therapy Play Therapy

Please describe: _____

Do you, the parent, have concerns for your child in any of the following areas? (Please check all that apply)

behavior work habits socialization self-esteem
 reading written expression oral expression math

Office Use:

Date Received _____
Enroll PD _____ in Full
Check # _____