

KINDERGARTEN-8TH GRADE ENROLLMENT FORM

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:

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

Child lives with: ___both parents ___Father ___Mother ___Other (please list) _____

Address _____ City _____ Zip _____

Home phone _____ Primary Cell 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)
- Summer Day Camp
- 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 the following prior to the 1st day of school: -Birth Certificate -Physical - Immunization Record

Kindergarten, 4th or 7th Grades students must submit documentation of a physical

Kindergarten and 8th Grade students must submit updated immunization record

All athletes must have documentation of a physical within 1 year of the end of the sport season(s)

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 # _____