

## KINDERGARTEN-7<sup>TH</sup> GRADE ENROLLMENT FORM 2018-2019 School Year

**Child's Name** \_\_\_\_\_ Female \_\_ Male \_\_ Birthdate \_\_\_\_\_

**Registering for grade** \_\_\_\_\_

**Tuition payment** (choose one): \_\_ Simply Giving(\_\_ 10-mo \_\_ 12-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? \_\_no \_\_yes Date \_\_\_\_\_ Student's Church Home \_\_\_\_\_

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, 4<sup>th</sup> or 7<sup>th</sup> grade and all athletes must submit a physical.

### **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 Fee PD \_\_\_\_\_ in Full

Check # \_\_\_\_\_