



# Our Saviour Lutheran School

## “Application for Admission”

For Office Use Only

App. Fee Received \_\_\_\_\_ Accepted / Declined \_\_\_\_\_ EC \_\_\_\_\_ Dental \_\_\_\_\_  
 Exam Result \_\_\_\_\_ Student Life Fee Received \_\_\_\_\_ HC \_\_\_\_\_ OSLA \_\_\_\_\_  
 Interview Date \_\_\_\_\_ Deposit Received \_\_\_\_\_ Health \_\_\_\_\_ Trans. \_\_\_\_\_

Date of Application \_\_\_\_\_ Entering Grade \_\_\_\_\_

### Personal Information

Applicant’s Name \_\_\_\_\_ Preferred Name or Nickname \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female

Address \_\_\_\_\_  
Street City Zip

Home Phone Number \_\_\_\_\_ Family Email Address \_\_\_\_\_  
(Area Code)

Has applicant applied to Our Saviour Lutheran School before?  Yes  No If yes, when? \_\_\_\_\_

Father’s Name \_\_\_\_\_ Mother’s Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Student resides with:  Mother & Father  Mother  Father  Stepparent  Grandparent(s)  Other (please specify)

Please provide the following information about additional children in your family, and indicate if/when they will apply for future admission to Our Saviour Lutheran School.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School and Grade \_\_\_\_\_ Grade will apply at OSL \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School and Grade \_\_\_\_\_ Grade will apply at OSL \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School and Grade \_\_\_\_\_ Grade will apply at OSL \_\_\_\_\_

### Our Saviour Lutheran School

## Personal Information Continued...

Name of Current School Attending \_\_\_\_\_ Years Attended \_\_\_\_\_

School Address \_\_\_\_\_

Current Grade \_\_\_\_\_ School Phone \_\_\_\_\_ School Fax \_\_\_\_\_  
(Area Code) (Area Code)

## Please Tell Us About Your Child

Why do you wish to enroll your child in Our Saviour Lutheran School? \_\_\_\_\_

\_\_\_\_\_

What special qualities does your child possess? \_\_\_\_\_

\_\_\_\_\_

What are your child's special needs? \_\_\_\_\_

\_\_\_\_\_

What are your child's academic strengths? \_\_\_\_\_

\_\_\_\_\_

What are your child's academic weaknesses? \_\_\_\_\_

\_\_\_\_\_

Does your child have a learning disability or special education, health, or physical need?  Yes  No

If yes, please explain \_\_\_\_\_

\* A copy of your child's IEP (or 504) and all related evaluations must accompany this application.

At Our Saviour Lutheran School your child will be expected to attend religious courses and weekly chapel services. How do you feel about this? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Our Saviour Lutheran School?

Parent of current student - Name \_\_\_\_\_

Alumnus of Our Saviour - Name \_\_\_\_\_

Advertisement: Mailing Newspaper Post Card

Other: \_\_\_\_\_

## Church Information

Name of Church Applicant Attends \_\_\_\_\_

Church Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Area Code)

