

APPLICATION FOR ADMISSION 2020-2021

Please note: Completion of this application does not guarantee enrollment.

TO BE COMPLETED BY PARENT/GUARDIAN:

Grade Entering (please circle)

Date of Application: _____ PS PK K KE 1 2 3 4 5 6 7 8

Applicant's Name: _____
Last Name First Name Middle Name

Date of Birth: _____ Primary Phone: _____

Primary Address: _____
Street City State Zip

Gender: _____ Male _____ Female Place of Birth: _____
City State Country

Date of Baptism and Church: _____

Religion: _____ Practicing/Attend more than twice per month? _____Y _____N

Place of worship _____
Name City

School Applicant Now Attends (if applicable): _____

School District of Residence: _____

Allergies: _____

Race (required for reporting purposes):

- | | |
|-----------------------|--------------------------------------|
| _____ Asian | _____ American Indian/Native Alaskan |
| _____ White/Caucasian | _____ Black/African American |
| _____ Multi-Racial | _____ Pacific Islander |
| _____ Latino/Hispanic | _____ Other: _____ |

Primary Language spoken in the home: _____

Other language(s) spoken by the student: _____

FAMILY INFORMATION:

Father/Stepfather/Guardian *(Please circle one)*

Mother/Stepmother/Guardian *(Please circle one)*

Last: First Middle

Last First Middle

Phone _____ Cell # _____

Phone _____ Cell # _____

E-mail _____

E-Mail _____

Address _____
(If different than applicant)

Address _____
(If different than applicant)

City _____ State & Zip _____

City _____ State & Zip _____

Status (Please circle): Married Single Divorced Deceased

Status (Please circle): Married Single Divorced Deceased

Place of Birth _____

Place of Birth _____

Religion _____ U.S. Citizen ____Y ____N

Religion _____ U.S. Citizen ____Y ____N

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Work E-mail _____

Work E-Mail _____

Spouse (if not mother) _____

Spouse (if not father) _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone _____ Cell # _____

Work Phone _____ Cell # _____

Work E-mail _____

Work E-mail _____

Children *(Please include all):*

Name	M/F	Age	Birthdate	Current Grade	Current School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If parents are separated or divorced:

Who has legal custody of applicant? _____

With whom does the applicant live? _____

If joint custody, please explain the arrangements. _____

Who is responsible for the Registration Fees? _____

Who should receive all school correspondence? _____

STUDENT BACKGROUND INFORMATION:

Are you aware of any learning, physical, or emotional challenges for your child? ____Y____N

If yes, please explain: _____

Has your child ever had counseling for any reason? ____Y____N

If yes, please explain: _____

Does your child have a special learning or behavior plan, current or previous IEP (Individual Education Plan), or non-public services plan at his/her current school? ____Y____N

If yes, please explain: _____

Are there any important details about your child's school life that are important for the school to know, including repeated/skipped grades, recent changes, or attendance problems? ____Y____N

If yes, please explain: _____

If applying for Preschool or Pre-Kindergarten, is the applicant potty trained? ____Y ____N

How did you hear/learn about our school? _____

Do you know anyone currently attending or who has attended Our Savior Lutheran School? ____Y____N

If yes, please list name(s) _____

My signature below attests to the fact that I have read and understand the document entitled “Our Savior Evangelical Lutheran School – Summary Expectations,” and that I agree. It also indicates that I have accurately represented my family and child on this application.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

A good date to participate in the Pre-Registration interview would be: _____

If enrollment is full, I desire to have my family placed on the waiting list. _____Y_____N

To complete your application to Our Savior Lutheran School, please arrange to submit:

- A copy of your child’s birth certificate
- A copy of your child’s immunizations
- Your child’s latest standardized test scores (if a test was administered by his/her current school)
- A copy of your child’s latest report card.
- Any record of special services your child is receiving or has received (if applicable)

Please understand that if your family receives notification of admission acceptance, a \$575 registration fee (K-8) will be required to reserve your child’s place in the class. Refunds of registration fees requested before July 1 are subject to an administrative fee of \$100. Registration fees are not refunded after July 1.

Please return this application to:

**Our Savior Evangelical Lutheran School
13667 Highland Road
Hartland, MI 48353**

Should you need to make any changes to the information provided on this application (address, email, phone, family members/situation, etc.), please call 248-887-3836.