

# APPLICATION FOR ADMISSION 2022-2023

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 \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Place of Birth \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

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 attach. Comments: \_\_\_\_\_

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) \_\_\_\_\_

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

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, the applicable registration fee will be required to reserve your child's place in the class. Refunds of registration fees requested on or before June 30 are subject to an administrative fee of \$100. Registration fees are not refunded after June 30.

If enrollment is full, I desire to have my family placed on the waiting list.    \_\_\_\_Y\_\_\_\_N

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

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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.