

OUR SAVIOR LUTHERAN SCHOOL ENROLLMENT APPLICATION
2012-2013

825 South Taylor Street
Arlington, VA 22204
(703) 892-4846

Application Date: _____
Entering Grade: _____
Home Phone: _____

Child's Name (last) _____ **(first)** _____ **(mi)** _____

Social Security Number: _____ Sex: M F

Home Address: (street) _____

(city) _____ (state) _____ (zip) _____

E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Place of Baptism _____

Church your family is **CURRENTLY** attending: _____

Ethnic Origin (circle one):

AMERICAN INDIAN ASIAN BLACK HISPANIC WHITE OTHER

Previous school experience

Name of School	Location	Years	Grades
_____	_____	_____	_____
_____	_____	_____	_____

Reason for transfer: _____

Parents Marital Status (circle) Married Separated Divorced Single
FATHER MOTHER

Name _____ _____

Home Phone _____ _____

Occupation _____ _____

Employer _____ _____

Work Phone _____ _____

Address
(if different from student) _____ _____

Brothers/Sisters

NAME	DOB	NAME	DOB
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to apply for tuition assistance? _____

By answering yes to this question you will be sent tuition assistance information and an application which has been developed by the newly formed Tuition Assistance Committee. Any family desiring to be considered for tuition assistance must fill out an application and turn it in by the stated deadline.

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Dear Parent,

In order to help us serve you and your family as effectively as possible, please fill out the questions below. All responses collected on this and the Enrollment Application Form will be treated confidentially.

If you answer yes to any of the following four questions, please include a brief explanation in the space below the question.

Does the student have any handicaps that might limit his/her participation in class activities or that might affect his/her academic progress?

- YES
 NO

Does the student have any known allergies?

- YES
 NO

Has the child ever had any serious disciplinary problems in school?

- YES
 NO

Has the student ever been retained?

- YES
 NO

Does your child attend church? (Circle one):

Regularly sometimes once in a while not at all

Does your child attend Sunday School (circle one):

Regularly sometimes once in a while not at all

Would you be interested in a visit by one of our staff to learn more about Our Savior Lutheran Church

- YES
 NO

My child will:

- be using BAFB transportation
 use family transportation
 be walking to school

I will need to use Extended Day Care Service (circle one)

On a regular basis

occasionally

not at all

How did you learn about Our Savior Lutheran School?

What led you to decide to send your child to Our Savior Lutheran School?

Feel free to include any additional comments that you feel might be helpful at the bottom of this page.

OUR SAVIOR LUTHERAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, SEX, AGE, HANDICAP OR NATIONAL OR ETHNIC ORIGIN. ADMISSIONS TO THE SCHOOL ARE NOT BASED ON THE RELIGIOUS AFFILIATION OF THE CHILD.

Attached is my registration fee of _____

Please sign and date this form after you have completely filled in all the requested information. You may either mail or bring your application and registration fee to the school office. Thank you for considering Our Savior Lutheran School

Date

Signature of Parent or Legal Guardian

OTHER FORMS NEEDED FOR REGISTRATION:

Copy of birth certificate

Request for records form – available in school office and on line (www.osva.org/school - school forms link)

Commonwealth of Virginia School Entrance Health Form – available in school office