

APPLICATION FOR ADMISSION 2024-2025

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 9 are subject to an administrative fee of \$200. Registration fees are not refunded after June 9.

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.