



OUR SAVIOR LUTHERAN SCHOOL

5000 W. Tidwell

Houston, Texas 77091

Tel.: 713-290-8277 † Fax: 713-290-0850

REGISTRATION PROCESS FOR EARLY CHILDHOOD

1. Complete the Application. Please print or type. Return the application along with the registration fee and all documents listed below to Our Savior Lutheran School office.

Registration Fees are Non-Refundable and Non-Transferable.

REGISTRATION FOR PRESCHOOL & PRE-KINDERGARTEN

◆ Preschool 3	\$250.00
◆ Pre-Kindergarten	\$350.00

2. Complete the Recommendation Form for students entering Preschool and Pre-Kindergarten. Once student's name and grade are entered, have a principal, counselor, or teacher from student's current school complete and mail the form directly to OSL school office. An addressed envelope is included for their convenience.
3. Submit to Our Savior Lutheran School office:
 - A copy of child's complete Immunization Records
 - A copy of child's Birth Certificate
 - Teacher Recommendation Form

You will be notified by the Administration concerning the student's acceptance.

NOTICE OF NON-DISCRIMINATORY POLICY

Our Savior Lutheran School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, athletic and other school administered programs.

For Office Use Only

Date received _____	Cash or check # _____	School Accounting _____
Time received _____	Amount _____	Acceptance letter sent _____
		PowerSchool _____

APPLICATION FOR EARLY CHILDHOOD

2012 - 2013



Our Savior Lutheran School • 5000 W. Tidwell, Houston, Texas 77091

713-290-8277 (Phone) • 713-290-0850 (Fax)

www.oslschool.org

Student Information:

Student Name:

Last

First

Middle

Preferred Name

Address:

Street

City

State

Zip code

Home Telephone #

Date of Birth

M F
Sex

Class for which student is Applying *(check one)*

Pre-Kindergarten *(age 4 by Sept. 1)*

3-day
(T/W/Th)

4-day
(M-Th)

5-day
(M-F)

Preschool *(age 3 by Sept. 1)*

3-day
(T/W/Th)

4-day
(M-Th)

5-day
(M-F)

Ethnic Origin: *(For Statistical Purposes Only)*

- African American
- Asian American
- Caucasian
- Hispanic/Latino
- Middle Easterner
- Native American
- Other

Please check ALL that apply:

- Father is deceased
- Mother is deceased
- Parents are separated
- Parents are divorced
- Mother has custody
- Father has custody
- Parents have joint custody
- Father is remarried
- Mother is remarried

Student Lives with: *(Please check ALL that apply)*

- Father
- Mother
- Step Father
- Step Mother
- Guardian
- Other

*Please provide a copy of any
court-ordered custody documents
with application.*

Parent Information:

Father's Name _____

Mother's Name _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Home Telephone _____

Home Telephone _____

Work Telephone _____

Work Telephone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Position _____

Position _____

Responsible for: School-related decisions
 School communications
 Financial bills

Responsible for: School-related decisions
 School communications
 Financial bills

Father's Signature (or Legal Guardian)

Mother's Signature (or Legal Guardian)

Date _____

Date _____

FAMILY WORSHIP LIFE

Church Name _____

Church Address _____

Pastor's Name _____

Check one of the following:

Lutheran Church / Missouri Synod

Lutheran Church / Other Synod

Non Lutheran Church _____
(please list name of church)

We have no church membership at this time

Is your family active in your church? Yes No

If you do not have a church home or are inactive in your church, would you be interested in information about Our Savior Lutheran Church? Yes No

Is your child baptized? Yes No

If yes, Church where Baptized _____

Date of Baptism _____

If not, would you like information on Baptism? Yes No

PREVIOUS SCHOOL

Name & Address of School: _____

Years Attended: _____ Grades Attended: _____

So that your child's educational experience can be positive, please complete the following questions:

Has your child ever been dismissed or withdrawn from any school for any reason?

No Yes (If yes, please explain)

Has your child experienced any discipline / conduct problems, school suspensions, grade retention, double promotions, etc.? No Yes (If yes, please explain)

Does your child have any specific academic needs? (Reading, Speech, ADD, Gifted?)

Are there any special medications or limitations for your child of which we need to be aware?

Please use space below for any other pertinent information about your child or family situation that would assist us in meeting our shared commitment to your child.

Why do you wish to enroll your child in Our Savior Lutheran School?

How did you hear about OSL?

- from Our Savior Lutheran Church
- from a friend / relative _____
- from the OSL website
- from a newspaper/magazine ad (which one?) _____
- from an OSL mailer
- from a currently enrolled sibling
- other _____

Parent Interest Survey put parent code where applicable M=Mother F=Father

- | | |
|---|--|
| <input type="checkbox"/> Assist w/Oktoberfest | <input type="checkbox"/> Assist w/Golf Tournament |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Parent Teacher League (PTL) |
| <input type="checkbox"/> Library | <input type="checkbox"/> Athletic Booster Club |
| <input type="checkbox"/> Spring Musical | <input type="checkbox"/> Substitute Teach |

During the year, photos will be taken and will be used in print publicity, on our website, and in the yearbook. If you do not wish for your child's photo and/or name to appear, please send a written notification to the school office no later than the first day of class.