



# Application for Admission

## Student 1

Name \_\_\_\_\_ M  F

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnic Group \_\_\_\_\_  
City State

Baptism Date \_\_\_\_\_ Place of Baptism \_\_\_\_\_ Denomination \_\_\_\_\_  
City State

## Student 2

Name \_\_\_\_\_ M  F

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnic Group \_\_\_\_\_  
City State

Baptism Date \_\_\_\_\_ Place of Baptism \_\_\_\_\_ Denomination \_\_\_\_\_  
City State

## Student 3

Name \_\_\_\_\_ M  F

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnic Group \_\_\_\_\_  
City State

Baptism Date \_\_\_\_\_ Place of Baptism \_\_\_\_\_ Denomination \_\_\_\_\_  
City State

FOR OFFICE USE ONLY
Date Received _____
Date Accepted _____

**Family Information**

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_

**Church Home** \_\_\_\_\_ Synod/Denomination \_\_\_\_\_

Church Address (city) \_\_\_\_\_

Pastor's Name(s) \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Phone: \_\_\_\_\_

Address (If different) \_\_\_\_\_

Church Membership (if different) \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Phone: \_\_\_\_\_

Address (If different) \_\_\_\_\_

Church Membership (if different) \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Marital Status of Parents:**  Married  Separated  Single  Widowed  Divorced

Name of Legal Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Student's Current School** \_\_\_\_\_

*If necessary attach another sheet of paper with addition school information.*

School's Address \_\_\_\_\_ Phone: \_\_\_\_\_

Principal \_\_\_\_\_ Teacher \_\_\_\_\_

Grade currently or last attended: \_\_\_\_\_ Counselor \_\_\_\_\_

Other schools attended: \_\_\_\_\_

Please list any other children in the family not attending Our Savior School. Please include their names, date of birth, school and grade.

**Name**

**Date of birth**

**School**

**Grade**

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**Please read the following statement carefully before signing.**

*I understand that an enrollment fee is due when this form is submitted and is only refundable if my child is not accepted for enrollment at Our Savior School. I also understand that if accepted, the enrollment fee insures a place in Our Savior School.*

*The completion of this application form and the signature of the parent or guardian constitute an agreement that any tuition or fees pertaining to this student's enrollment at Our Savior School will be paid by the parent or guardian and will be paid according to the following schedule:*

Applying for admission to Kindergarten:

\_\_\_\_ Full Day

\_\_\_\_ Half Day

Please check choice of payment schedule:

\_\_\_\_ Annually (Cash or Check by August 15)

\_\_\_\_ Semi-Annually (Cash or Check twice a year – August 15 and January 15)

\_\_\_\_ Monthly (10 monthly installments via automatic withdrawal program beginning August 15)

**Enrollment Fee:** \$50 per new student; \$35 per current student

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **ENROLLMENT FEE** \_\_\_\_\_

Mail application and enrollment fee to:

Our Savior School  
Attn: Director  
23290 Highway 7 Excelsior, MN 55331

Referred to Our Savior School by: \_\_\_\_\_  
Name of individual or family