

**OUR SAVIOR LUTHERAN SCHOOL ENROLLMENT APPLICATION  
2019-2020**

825 South Taylor Street  
Arlington, VA 22204  
(703) 892-4846 - www.osva.org

Application Date: \_\_\_\_\_  
Entering Grade: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Child's Name (last)** \_\_\_\_\_ **(first)** \_\_\_\_\_ **(mi)** \_\_\_\_\_

Sex:     M         F

Home Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

PRIMARY E-mail Address: \_\_\_\_\_

Additional emails for school notifications: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Church your family is **CURRENTLY** attending: \_\_\_\_\_

Race (circle one):  
AMERICAN INDIAN           ASIAN       BLACK       HISPANIC       WHITE       TWO RACES  
National Origin            Non-Hispanic            Hispanic

Previous school experience	Location	Years	Grades
Name of School			
_____	_____	_____	_____
_____	_____	_____	_____

Reason for transfer: \_\_\_\_\_

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

Name	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Occupation	_____	_____
Employer	_____	_____
Work Phone	_____	_____
Home Address (if different from student)	_____	_____

Do you plan to apply for tuition assistance? \_\_\_\_\_  
Those applying for tuition assistance will be sent tuition assistance packet and an application in May. Any family desiring to be considered for tuition assistance must fill out an application and turn it in by the stated deadline.

**CONTINUED ON BACK**



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 at [www.osva.org](http://www.osva.org)

Commonwealth of Virginia School Entrance Health Form – available in school office and on line at [www.osva.org](http://www.osva.org)