



Our Savior Lutheran Academy

Building Faith • Instilling Knowledge • Equipping Leaders

Enrollment Year: Fall 20 _____

Today's Date: _____

Applicant: _____

Last Name

First (Preferred)

Grade Applying For: PS PK K 1 2 3 4 5 6 7 8
(Circle One)

Date of Birth
(Required Age
by Sept. 30): _____

Preschool or Pre-K -
Days of Week
(circle one): _____

Full-Time
T/W/Th

Application Checklist (submit the following items with the application):

New Student:

- Application Fee (non-refundable)
 - Birth Certificate
 - Immunization Form
 - Student Emergency Form
 - 5 Year or 12 Year Immunization Form Updated (if applicable)
 - Teacher Recommendation Forms (PK and older)
 - Testing Fee due at time of testing
- Returning Student:
- Application Fee (non-refundable)
 - Student Emergency Form
 - 5 Year or 12 Year Immunization Form Updated (if applicable)

Office Use Only

Family ID #: _____ Date Application Rcv'd: _____
 Student ID#: _____ Date App. Fee Rcv'd: _____
 Amount: _____
 Check #: _____

Date Testing Fee (K-8th) Rcv'd: _____
 Amount: _____
 Check #: _____

Check all that apply

Returning student: _____
 New student: _____
 Sibling of current student: _____
 Parent is a staff member at OSLC&A: _____
 OSLC Church member: _____
 Other Lutheran Church Member: _____

Recommendations

New Pre-K & older students:
 Please identify those individuals who will provide recommendations on behalf of the applicant.

	Name	School	Street Address	City	State	Zip
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____

Tuition Assistance

Inquire with PSAS (Private School Aid Service) through their website: www.psas.org. Sign-up on their website and submit the application fee. This form should be completed immediately and sent directly to PSAS. Inform the school when your application has been sent to PSAS.

Signatures Required

Neither submitting nor receiving this application constitutes a commitment by either the undersigned or OSLA. I understand and acknowledge that OSLA may deny admission at any time if it is determined that enrollment of the applicant in the Academy would not be appropriate. I understand and acknowledge that the Academy may terminate enrollment at any time if it is determined that continued enrollment would be inconsistent with the mission of OSLA.

 Signature of Parent/Guardian Date

 Signature of Parent/Guardian Date

Return this completed application form and the non-refundable application fee to:

OSLA Enrollment Office
 5110 Franklin Road
 Nashville, TN 37220

Our Savior Lutheran Academy

5110 Franklin Road
 Nashville, TN 37220

Phone: 615-833-1500
 Fax: 615-833-3761
 E-mail: office@oslanashville.org
 Web: www.oslanashville.org

Rev. 9.15.09

Admission to OSLA is open to all qualified students, regardless of race, religion, or national origin.

Applying for Grade/Class

Enrollment Year: **Fall 20** __ __

Circle One: PS PK K 1 2 3 4 5 6 7 8 PS or PK only: Full-time T/W/Th

Please Attach Child's Photo

Applicant

Last Name	First Name	Middle Name	Name Called
Home Street Address			Home Phone Number
City	State	Zip	Date of Birth
Gender	Race	Place of Birth	
Religious Affiliation	Church	Pastor	
Baptized: <input type="checkbox"/> Yes, date: _____		<input type="checkbox"/> No _____	
I'm interested in learning more about the Lutheran faith.			

Parents

If the applicant resides with a stepparent, please provide the following information:

	Father	Mother	Step _____
Name	_____	_____	_____
Street Address <small>(if different from above)</small>	_____	_____	_____
City State Zip <small>(if different from above)</small>	_____	_____	_____
Home Phone <small>(if different from above)</small>	_____	_____	_____
Cell Phone	_____	_____	_____
E-mail address <small>(school communications)</small>	_____	_____	_____
Occupation, Title	_____	_____	_____
Employer	_____	_____	_____
Work Hours	_____	_____	_____
Street Address	_____	_____	_____
City State Zip	_____	_____	_____
Business Phone	_____	_____	_____

Student resides with (please check all that apply): Mother & Father Parents are separated or divorced
 Mother Father Stepmother Stepfather Mother is deceased Father is deceased
 Guardian (Please list the name of the applicant's legal guardian(s): _____)

Are there special living or custody arrangements of which we should be aware? yes no (If yes, attach legal court documentation)

If parents are divorced or separated, to whom should...1) Admission information be sent? _____,
 2) Financial information be sent? _____, 3) Invitations to campus events? _____
 If mail should be sent to an address other than your own, please provide the address information:
 Name _____ Street Address _____ City _____ State _____ Zip _____

Family Information

	Sister's/Brother's Name	Age	Birthdate	Present School
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
Paternal Grandparent(s)		Maternal Grandparent(s)		
Name	_____			_____
Street Address	_____			_____
City State Zip	_____			_____
E-mail Address	_____			_____

Schools

Explain briefly what attracts you to OSLA: _____

From what sources did you learn about OSLA (check all that apply): Nashville Parent Yellow Pages
 Current OSLA Parent, provide name: _____ OSLA Teacher, provide name: _____
 www.OSLANashville.org Private School Review Sign on Franklin Road Other: _____

Do you give Our Savior Lutheran Academy permission to contact your child's current school or teacher? Yes No

School	Street Address City State Zip	Dates of Attendance	OSLA reserves the right to contact previous schools
Current			Principal's Name:
Previous			Reason for Leaving:
Previous			Reason for Leaving:
Previous			Reason for Leaving:

Has the applicant experienced any disciplinary problems at any previous school? Yes No (If yes, explain)

Has the applicant been tested or recommended for testing for any condition which might affect school performance?
 Yes No (If yes, explain)