



**ENROLLMENT CONTRACT 2011-2012**  
**Our Savior Lutheran Academy**  
**5110 Franklin Road**  
**Nashville, TN 37220**

Our Savior Lutheran Academy agrees to enroll this student for the 2011-2012 school year and to provide educational programs and services appropriate for the grade specified.

STUDENT'S FULL NAME \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_  
 PARENT OR GUARDIAN \_\_\_\_\_ PARENT PHONE (cell) \_\_\_\_\_  
 PARENT ADDRESS \_\_\_\_\_ PARENT PHONE (home) \_\_\_\_\_  
 PARENT EMAIL \_\_\_\_\_ PARENT PHONE (work) \_\_\_\_\_

In consideration of the acceptance of the Enrollment Contract by Our Savior Lutheran Academy, the undersigned **AGREES TO PAY THE ENTIRE TUITION AMOUNT, unless a withdrawal request is received in writing on or before May 3, 2011.** Otherwise, no portion of tuition paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal from the school for the above student.

**TO SECURE ENROLLMENT, A NON-REFUNDABLE DEPOSIT IS DUE ON OR BEFORE MAY 3, 2011.**

In view of this obligation, I/we understand that participation in the Tuition Refund Plan is required to protect my yearly financial obligation under the terms of this Enrollment Contract. I have received and read the **Tuition Refund Plan brochure** detailing the terms and conditions of coverage concerning this Plan. Additionally, I authorize the school to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me. After any payment by the Plan is credited to my account, I agree to pay the school whatever balance remains unpaid within 30 days and **check either A or B below. It is imperative that we have this completed for each student enrolled.**

<b>MUST CHECK ONE BOX</b>	<input type="checkbox"/> A. <b><u>I/we will participate in the Tuition Refund Plan.</u></b> I/we understand that the full premium cost will be billed to my tuition account. Additionally, I authorize the school to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me. After any payment by the Plan is credited to my account, I agree to pay the school whatever balance remains unpaid within 30 days.
	<input type="checkbox"/> B. <b><u>I/we do not wish to participate in the Tuition Refund Plan.</u></b> 1. In view of this obligation, I understand participation in the Tuition Refund Plan is required unless the annual charges are paid by the opening day of school in the fall in which case the Plan is elective. This program will give me an opportunity to insure fees (prepaid and due) in the event of separation according to the terms of the policy. 2. If you are paying tuition in one payment, please let us know if you would like to purchase the <b>Tuition Refund Plan.</b>

I/we understand that in signing the Enrollment Contract for the coming academic year, I/we agree to accept the rules and regulations of Our Savior Lutheran Academy as stated in the handbook and the rule concerning payment of tuition and fees as referred to above. Furthermore, **I/we agree to the policy of Our Savior Lutheran Academy that no student grades or transcripts will be released unless an account has been paid in full. I/we further agree that my student's continued enrollment in Our Savior Lutheran Academy is contingent upon my tuition account being current. Failure to comply with tuition-payment deadlines will result in my student's dismissal.**

**TUITION PAYMENT OPTIONS:** I/we understand that I/we must utilize EFT services to pay 2011-2012 tuition and fees unless the entire obligation is **paid in full** by July 1, 2011. *Please REVIEW carefully the ENCLOSED INSTRUCTIONS and check your method of payment below.*

<b>MUST CHECK ONE BOX</b>	<input type="checkbox"/> I/we will pay the entire tuition and fee balance directly to OSLA on or before July 1, 2011.
	<input type="checkbox"/> I/we authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account on the first of each month of the <b>2 payment plan.</b> I have attached a voided check. I/we understand that failure to enroll fourteen days prior to the first payment, will result in my/our account being charged a late fee.
	<input type="checkbox"/> I/we authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account on the first of each month of the <b>10 payment plan.</b> I have attached a voided check. I/we understand that failure to enroll fourteen days prior to the first payment, will result in my/our account being charged a late fee.
	<input type="checkbox"/> I/we authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account on the first of each month of the <b>11 payment plan.</b> I have attached a voided check. I/we understand that failure to enroll fourteen days prior to the first payment, will result in my/our account being charged a late fee.

**MEDIA RELEASE:** I/we agree that OSLA may photograph, quote, record or videotape members of my/our family for communications and marketing purposes (newsletters, website, radio, television, video, advertisements, or any other media projects.). Permission includes the right to use and/or publish photographs, recordings, footage and names in connection therewith if so desired for public relations or advertising efforts that promote the mission, values and programs of OSLA. I/we release OSLA from any claim or liability related to that use and waive all claims for myself/ourselves, my/our heirs and assignees against individual staff person and OSLA. *Should you object to the inclusion of your student, please submit a letter outlining the areas you would like your child to be excluded, and those requests will be honored.*

**CONTACT INFORMATION RELEASE:** I/we understand we can remove our contact information from the directory through our online access to the school management system.

**MY SIGNATURE BELOW AFFIRMS THAT I/WE HAVE READ, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS OF THIS CONTRACT.**

Signature of Parent(s) or Guardian(s) Financially Responsible for Student:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2011-2012 TUITION RATES					
Preschool - T/W/Th	\$3,000	Pre-K - T/W/Th	\$3,000	3rd-5th	\$7,350
Preschool Plus - T/W/Th	\$1,500	Pre-K - Full-Time	\$5,000	3rd-5th (OSLC)	\$4,410
Preschool - Full-Time	\$5,000	K-2nd	\$7,040	6th-8th	\$7,670
Preschool Plus - Full-Time	\$2,500	K-2nd (OSLC)	\$4,200	6th-8th (OSLC)	\$4,620

Office Use Only: Date Contract Received: _____	rev.7.26.11 clrs
Enrollment Fee Amount: _____ Date Received: _____	