



OUR SAVIOR LUTHERAN SCHOOL
11503 Vance Jackson
San Antonio, TX 78230-1808
Phone: (210) 696-2716
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APPLICATION FOR ENROLLMENT

Name of Child _____ Date of Birth ____/____/____
First Middle Last Month Day Year

Child's Social Sec. Number ____ - ____ - ____ Sex (Circle): M F Telephone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email address(es): _____

Baptized: () Yes () No Church: _____ City: _____ State: _____

School Last Attended: _____ Address: _____

Grade last completed: _____ Grade applying for: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Church Membership: _____

Occupation: _____ Employer: _____ Business Phone: _____

Mother's Name: _____ Church Membership: _____

Occupation: _____ Employer: _____ Business Phone: _____

Parent(s): ___ Married ___ Separated ___ Divorced ___ Widowed

If separated or divorced, who has custody of child:

Other Children in Family

Name	Age	Grade	School

Has your child had any discipline or emotional problems in school? Yes () No ()

Does your child have any physical disabilities? Yes () No ()

Has your child ever been retained in a grade? Yes () No ()

Has your child ever been promoted more than one grade? Yes () No ()

If you answered yes to any of the above questions, please explain below:

Have you read the Our Savior Lutheran School's School Handbook? Yes () No ()

Are you willing to comply with the guidelines set forth especially with regard to ENROLLMENT POLICIES and ENTRANCE REQUIREMENTS? Yes () No ()

Have you included a letter to the Board of Education stating your reasons for enrollment? Yes () No ()

_____ Date: _____
Signature of Father

_____ Date: _____
Signature of Mother

NOTE: This information does not assure final enrollment, which is subject to the action of the principal and the Board of Education. Children accepted are on a trial basis for one year. A personal interview shall be arranged between the principal, the pastor, and the applicant's parents prior to the acceptance of the applicant.