



Our Savior Christian Academy 2020 / 2021 Family Enrollment Form

1. Student Name: _____ **M**____ **F**____

Student date of birth: _____ Age as of 7/31/2020: _____

Desired Grade or Home School Class 2020/21: _____ Student Email: _____

Campus: SM or PC Ethnicity: _____

Bus service PC to SM in the morning check here: _____

Bus service SM to PC in the afternoon check here: _____

Circle Desired Preschool Sessions

Morning - TR or WF or ALL

Afternoon - TR or WF or ALL

2. Student Name: _____ **M**____ **F**____

Student date of birth: _____ Age as of 7/31/2020: _____

Desired Grade or Home School Class 2020/21: _____ Student Email: _____

Campus: SM or PC Ethnicity: _____

Bus service PC to SM in the morning check here: _____

Bus service SM to PC in the afternoon check here: _____

Circle Desired Preschool Sessions

Morning - TR or WF or ALL

Afternoon - TR or WF or ALL

3. Student Name: _____ **M**____ **F**____

Student date of birth: _____ Age as of 7/31/2020: _____

Desired Grade or Home School Class 2020/21: _____ Student Email: _____

Campus: SM or PC Ethnicity: _____

Bus service PC to SM in the morning check here: _____

Bus service SM to PC in the afternoon check here: _____

Circle Desired Preschool Sessions

Morning - TR or WF or ALL

Afternoon - TR or WF or ALL

4. Student Name: _____ **M**____ **F**____

Student date of birth: _____ Age as of 7/31/2020: _____

Desired Grade or Home School Class 2020/21: _____ Student Email: _____

Campus: SM or PC Ethnicity: _____

Bus service PC to SM in the morning check here: _____

Bus service SM to PC in the afternoon check here: _____

Circle Desired Preschool Sessions

Morning - TR or WF or ALL

Afternoon - TR or WF or ALL

Parent/Guardian Initials _____

Caregiver Information	
<p align="center">Mother/Guardian Information</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Address: _____</p> <p>_____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Email Address: _____</p>	<p align="center">Father/Guardian Information</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Address: _____</p> <p>_____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Email Address: _____</p>
Additional Caregiver / Emergency Contact / Additional Pick Up Information	
<p>Name: _____</p> <p>Relationship _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Address: _____</p> <p>_____</p> <p>Work Phone: _____</p> <p>Email Address: _____</p>	<p>Name: _____</p> <p>Relationship _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Address: _____</p> <p>_____</p> <p>Work Phone: _____</p> <p>Email Address: _____</p>

Student Information		
Is there a pending custody hearing, restraining order or other concerns regarding safety and parent pick up? If so, please provide the appropriate documentation.	Yes	No
I give permission for my child(ren) to be administered essential oils.	Yes	No
I give permission for my child(ren) to be administered a cough drop.	Yes	No
I give permission for my child(ren) to be administered Tylenol or Advil.	Yes	No
I give permission for my child(ren) to be administered Tums or Pepto Bismol.	Yes	No
I give permission for my child(ren) to be administered Cortizone cream.	Yes	No
I authorize my child(ren) to be photographed for special projects and advertisements that benefit the school including yearbook and other publications.	Yes	No
I authorize my child(ren) to participate in all field trips and off-site experiences that accompany the curriculum. This authorization serves as your permission form for the year.	Yes	No
I authorize for my child(ren) to have their picture and name placed in a closed (by invitation only) room on social media. An example would be a teacher classroom for parents to view and see projects, pictures and more. Social media classrooms are deleted at the close of the school year.	Yes	No
Have any of the enrollee's on this form been expelled/suspended from school?	Yes	No
Are you transferring from another school?	Yes	No
Would you like to receive information about financial aid?	Yes	No
My children are baptized.	Yes	No
I would appreciate information regarding the church or the Lutheran Church Missouri Synod.	Yes	No
I worship at:		

<p>List any special needs or medical or dietary concerns and the child it pertains to.</p>
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Authorization for Direct Payment via ACH (ACH Debits)

Attach a voided check to this form.

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. The 2020 / 2021 return fee is \$55.00 per transaction.

I (we) hereby authorize Our Savior Christian Academy, to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits for all children enrolled. The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions.

Bank Name: _____ Amount Authorized: _____

☐ **Checking Account** ☐ **Savings Account**

Routing Number: _____ Account Number: _____

Date of Debit: (select one or both) ☐ 5th of the Month ☐ 20th of the Month

Authorized Debit Schedule: Check 9 consecutive months, annual or biannual payment. Your first payment is due upon enrollment. Automatic payments begin the following month.

September 2020 ____	October 2020 ____	November 2020 ____
December 2020 ____	January 2021 ____	February 2021 ____
March 2021 ____	April 2021 ____	May 2021 ____
June 2021 ____	July 2021 ____	Annual ____ Biannual ____

I understand that this authorization will remain in full force and effect until I (we) notify Our Savior Christian Academy in writing that I wish to revoke it. I understand that OSCA requires at least 30 days prior notice or equal tuition payment, in order to cancel this authorization and / or terminate enrollment. All fees, past due amounts, book fees, final tuition payment (with 30 day notice) or any other cost incurred while attending OSCA is due and payable upon revocation of this ACH authorization, and can be deducted automatically.

Account Holder

Name: _____
(Please Print)

Account Holder Contact Phone

Number: _____

Signature _____ **Date:** _____

The August payment is considered an enrollment place holder, which is credited toward the total tuition due. It is not refundable under any circumstance except a verified deployment. Placement cannot be held without payment and is due upon enrollment.

Parent/Guardian Initials _____

By signing this enrollment form, I understand and agree to all of the policies and guidelines set forth in the student handbook. The handbook is considered a live document and it is therefore my responsibility to reference information at <http://www.oursavioracademy.org/osca/handbook>.

Before a student is considered enrolled, we must have a copy of a birth certificate and immunization record. All new and transferring students are automatically placed on provisional status for at least 30 contact days to ensure OSCA is the proper placement. A 30-day notice or tuition payment equal thereof, is required for any reason a child might dis-enroll as stated in the handbook.

Our Savior Christian Academy admits students of any race, color, or national or ethnic background, to the rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admission policies, and other school-administered programs.

Parent/Guardian

Signature: _____ Date: _____