



# Our Savior Christian Academy 2022/2023

## BEFORE RETURNING PLEASE ENSURE YOU HAVE:

- Attached a voided check
- Attached first month tuition
- Initialed each page

**1. Student Name:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

Student date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age as 7/31/2022: \_\_\_\_\_

2022/23 Grade or Class: \_\_\_\_\_

**2. Student Name:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

Student date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age as 7/31/2022: \_\_\_\_\_

2022/23 Grade or Class: \_\_\_\_\_

**3. Student Name:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

Student date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age as 7/31/2022: \_\_\_\_\_

2022/23 Grade or Class: \_\_\_\_\_

**4. Student Name:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

Student date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age as 7/31/2022: \_\_\_\_\_

2022/23 Grade or Class: \_\_\_\_\_

<b>Mother/Guardian Information</b>	<b>Father/Guardian Information</b>
Name: _____	Name: _____
Phone: _____	Phone: _____
Address: _____ _____	Address: _____ _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Email Address: _____	Email Address: _____

### Additional Caregiver / Emergency Contact / Additional Pick Up Information

Name: _____ Relationship _____ Phone: _____ Address: _____ _____ Work Phone: _____ Email Address: _____	Name: _____ Relationship _____ Phone: _____ Address: _____ _____ Work Phone: _____ Email Address: _____
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### 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 Tylenol or Advil.	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 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, named and / or videoed for special projects and advertisements that benefit the school including yearbook, social media and other publications.	Yes	No
I authorize 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
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
Have any of the enrollee's on this form been expelled/suspended from school?	Yes	No
Are you transferring from another school? if yes, where are you transferring from:	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:		

**Parent/Guardian Initials** \_\_\_\_\_

So we can best serve your child(ren), in full disclosure, explain any physical, emotional, spiritual or social concerns or needs.

Session	Monthly Tuition	Annual Tuition
Early Childhood	\$510	\$5100
K thru 5 <sup>th</sup> Grade	\$560	\$5600
6 <sup>th</sup> thru 12 <sup>th</sup> Grade	\$590	\$5900
Home School Coop	\$80 per class	
High School Credit Recovery Class	\$175 per class semester	
Additional Online Course	\$55 per class semester	
Wait List Cost (Applied to tuition upon enrollment)	\$100 per student	

Monthly ACH Debit			
Payment Options (please circle)	Monthly Debit (Sept - May)	Biannual Checks (Balance due Aug & Jan 5th)	Annual Check (Balance due Aug 5th)
<b>Bank Name</b>			
<b>Type of Account</b>		<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
<b>Amount Authorized</b>			
<b>Routing Number</b>			
<b>Account Number</b>			
<b>Account Holder Name</b>			
<b>Account Holder Phone Number</b>			
<b>Date of Debit</b>		<input type="checkbox"/> 5th of the Month <input type="checkbox"/> 20th of the Month	

Parent/Guardian Initials \_\_\_\_\_

## Signature Page

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>.

I understand that direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. The 2022 / 2023 return fee is \$55.00 per transaction.

I understand that by signing this form I hereby authorize Our Savior Christian Academy (OSCA), to electronically debit my account and, if necessary, electronically credit my account to correct erroneous debits for all children enrolled.

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

I understand that before a student is considered enrolled, OSCA must have a copy of a birth certificate and immunization record, along with the first month's tuition (non-refundable). All new and transferring students are automatically placed on provisional status for at least 30 contact days to ensure OSCA is the proper placement.

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

I understand that enrollment at OSCA is at my will, and that the school cannot be held responsible for communicable disease, illness or injury that my child(ren) might incur.

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: \_\_\_\_\_

Parent/Guardian Initials \_\_\_\_\_