



Our Savior Christian Academy 2024/2025

BEFORE RETURNING, PLEASE ENSURE YOU HAVE:

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

STUDENT NAME:		<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH:	ETHNICITY:	AGE as 7/31/2024:
2024/25 Grade or Class <input type="checkbox"/> Pre-School, 4 Days (T-F) <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 5th Grade <input type="checkbox"/> 8th Grade <input type="checkbox"/> HS Junior <input type="checkbox"/> Pre-School, 2 Days (T/R) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 6th Grade <input type="checkbox"/> HS Freshman <input type="checkbox"/> HS Senior <input type="checkbox"/> Pre-School, 2 Days (W/F) <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> HS Sophomore		

STUDENT NAME:		<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH:	ETHNICITY:	AGE as 7/31/2024:
2024/25 Grade or Class <input type="checkbox"/> Pre-School, 4 Days (T-F) <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 5th Grade <input type="checkbox"/> 8th Grade <input type="checkbox"/> HS Junior <input type="checkbox"/> Pre-School, 2 Days (T/R) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 6th Grade <input type="checkbox"/> HS Freshman <input type="checkbox"/> HS Senior <input type="checkbox"/> Pre-School, 2 Days (W/F) <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> HS Sophomore		

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Mother/Guardian Information
NAME:
PHONE NUMBER:
ADDRESS:
CITY, STATE, ZIP CODE:
EMPLOYER:
WORK PHONE NUMBER:
EMAIL ADDRESS:

Father/Guardian Information
NAME:
PHONE NUMBER:
ADDRESS:
CITY, STATE, ZIP CODE:
EMPLOYER:
WORK PHONE NUMBER:
EMAIL ADDRESS:

Additional Caregiver / Emergency Contact / Additional Pick Up Information	
NAME:	NAME:
PHONE NUMBER:	PHONE NUMBER:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP CODE:	CITY, STATE, ZIP CODE:
EMPLOYER:	EMPLOYER:
WORK PHONE NUMBER:	WORK PHONE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child(ren) to be administered essential oils.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child(ren) to be administered Tylenol or Advil.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child(ren) to be administered a cough drop.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child(ren) to be administered Tums or Pepto Bismol.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child(ren) to be administered Cortisone cream.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize my child(ren) to participate in all field trips and off-site experiences. This authorization serves as your permission form for the year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the enrollee's on this form been expelled/suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you transferring from another school? if yes, where are you transferring from:	<input type="checkbox"/> Yes <input type="checkbox"/> No
So we can best serve your child(ren), in full disclosure, explain any medical, physical, emotional, spiritual or social concerns:	
My children are baptized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I worship at:	
I would appreciate information regarding Our Savior Lutheran Church.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I heard about OSCA from:	

Enrollment Agreement

By signing this enrollment form, I understand and agree to all of the policies and guidelines set forth. Further, I fully understand the importance of the school's religious and Christian values and conduct code.

The handbook is considered a live document and it is therefore my responsibility to regularly reference information at <http://www.oursavioracademy.org/osca/handbook>.

I understand tuition is based on a 10-month school year and payment options have been provided for my convenience. I agree to the prompt payment of tuition and have selected a payment plan. The 2024/2025 return fee for checks or any kind of e-payment is \$45.00. Reference OSCA's collection policy (5.018).

I understand that the first month's 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 when enrollment forms are submitted.

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 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. OSCA is exempt from licensure (210.211.3RSMo) through the Office of Childhood with the Missouri Department of Elementary and Secondary Education.

I understand that OSCA requires at least 30 days prior notice or equal tuition payment thereof, to terminate enrollment. All fees, past due amounts, book fees, final tuition payment or any other cost incurred while attending OSCA are due at time of termination and I agree to pay all final fees in full.

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.

Grade	2024/2025 Tuition Rates		
	Annual Tuition	10 Monthly Payments (August 2024-May 2025)	12 Monthly Payments (June 2024-May 2025)
Pre-Kindergarten (4 Days)	\$5,880	\$588	\$490
Kindergarten – 5th Grade	\$6,400	\$640	\$534
6th -12th Grades	\$6,720	\$672	\$560

No Additional Enrollment or Supplies Fees
 HomeSchool Coop Class (Compass) – \$180 per class per month
 High School Credit Recovery - \$250 per class
 Additional Online Course - \$150 per class per semester
 Wait List Cost (Applied to tuition upon enrollment) - \$320 per student

Payment Plan- (please select one & complete the ACH Form for all plans except Annual)

- Annual
 Semiannual
 Quarterly
 10 Month Plan
 12 Month Plan

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Initials _____

Recurring ACH Payment Authorization

(Attach a voided check)

I (please print name) _____ authorize **Our Savior Christian Academy (OSCA)** to charge my bank account the amount indicated below each billing period. A receipt for each payment will be provided upon request and the charge will appear on my bank statement as an "ACH Debit". I agree that no prior-notification will be provided unless the date or amount changes, in which case I will receive notice from OSCA at least 10 days prior to the payment being collected.

BANK NAME:	AMOUNT AUTHORIZED:
ROUTING NUMBER:	ACCOUNT NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT	

DATE OF DEBIT: (Select one or both)	<input type="checkbox"/> 5th of the month	<input type="checkbox"/> 20th of the month
ATHORIZED PAYMENT PLAN:	<input type="checkbox"/> 10-Month Plan – 1st payment due at enrollment – 9 debits (September-May)	<input type="checkbox"/> Semiannual – 1st payment due at enrollment – 2 debits (September, January)
	<input type="checkbox"/> 12-Month Plan – 11 debits – 1st payment due at enrollment – 11 debits (July-May)	<input type="checkbox"/> Quarterly – 1st payment due at enrollment – 3 debits (September, December, March)

ACCOUNT HOLDER NAME:	PHONE NUMBER:
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- I understand that this authorization will remain in effect until I cancel it in writing and all tuition and fees are paid in full.
- I agree to notify OSCA in writing of any changes in my account information at least 15 days prior to the next billing date.
- I agree to notify OSCA in writing of termination of this authorization at least 30 days prior to the next billing date.
- If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.
- For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.
- In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that OSCA may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$45 charge for each attempt to collect on a returned NSF which will be initiated as a separate transaction from the authorized recurring payment.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.
- I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Account Holder's Signature: _____

Date: _____

Parent/Guardian Initials _____