



OAK GROVE LUTHERAN SCHOOL

OFFICE OF ADMISSIONS

Application Form for Early Learning Center

(To be completed by a parent)

Date to enter: 1st Semester _____ Year 2nd Semester _____ Year
Male _____ Female _____

Enrolling in:

- Full Day, 4 & 5 year old program, Monday–Friday (8:25-3:05 p.m.)
- Full Day, 4 & 5 year old program, Tuesday/Wednesday/Thursday (8:25-3:05 p.m.)
- Half Day Afternoons, 4 & 5 year old program, Monday–Friday (12:05-3:05 p.m.)
- Half Day Mornings, 3 year old program, Monday–Tuesday (8:25-11:25 a.m.)
- Half Day Mornings, 3 year old program, Wednesday–Thursday (8:25-11:25 a.m.)

Please print. When completed, return the application to Oak Grove Lutheran School's Admissions Office.

STUDENT INFORMATION

Student's Full Legal Name _____

Nickname _____ Birth Date _____ SSN _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Has your child attended preschool? ____ Yes ____ No

If yes, please list school.

Does your child currently attend childcare? ____ Yes ____ No

If yes, please list.

Are you interested in: Before school care? ____ Yes ____ No After school care? ____ Yes ____ No

Drop off time: _____ Pick up time: _____

Oak Grove is pleased to provide an Oak Grove T-Shirt to all new students.

Please provide applicant's T-Shirt size: XS S M L
Child Size

How did you hear about Oak Grove Lutheran School? (Is there someone we can thank for recommending our school?) _____

Name _____ Phone _____

Address _____

FAMILY INFORMATION**Father/Guardian**

Full Name: Mr./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Employer _____ Phone _____

Mother/Guardian

Full Name: Ms./Mrs./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Employer _____ Phone _____

Parents are: Married Separated Divorced Single Parent Mother Deceased Father Deceased Mother Remarried Father RemarriedWith whom does the student live? Both Parents Mother Father Other _____

To whom should school correspondence be sent?

 Both Parents Mother Only Father Only Other _____

Tuition will be paid by: Both Parents Father ___% Mother ___% Other _____

Step-parent (if applicable)

Full Name: Mr./Mrs./Ms./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Employer _____ Phone _____

Brothers/Sisters

Name	M/F	Birthdate	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Members of immediate family attending or who have attended Oak Grove:

Grandparents

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

Church Information

Church Family Attends _____

Denomination _____ Are you a member? _____

Address _____

Oak Grove Lutheran School's Philosophy of Behavior, Discipline, and Conflict Resolution

Oak Grove has adopted ***Respect and Protect*** as the institutional discipline policy. This is a disciplinary practice that is relational at its very core. It is a policy of restorative interventions versus punitive consequences.

The overarching goal of ***Respect and Protect*** is to make Oak Grove a safe, supportive place highly conducive to learning for all students.

Respect and Protect upholds the ideal that every child and adult has the right to feel respected and protected in school. Everyone is responsible to respect and protect the rights of others. Oak Grove is committed to teaching a culture of respect and care for one another. We practice a "No Tolerance" attitude towards violence and disrespect. Violence and/or Disrespect would be defined as ***any mean word, look, sign, or act that hurts or threatens to hurt a person's body, feelings, reputation, or things.***

Oak Grove reserves the right to interpret the behavior and intent of a student. If the student's behavior and/or attitude consistently fail to reflect the ***Respect and Protect*** philosophy, appropriate actions will be taken, in accordance with our policies.

Successful academic and social aptitude is a partnership of school and home. A full disclosure of our policy can be found in the office.

PARENT STATEMENTS

1. Describe your child’s personal strengths (academic, spiritual, social, physical).

2. Describe your child’s personal weaknesses (academic, spiritual, social, physical).

3. Has your child ever been the subject of any major disciplinary action? ___ Yes ___ No
If yes, please explain the circumstances.

4. Why is Oak Grove Lutheran School a good choice for your child?

- I have read and agree with the educational philosophy and mission of Oak Grove Lutheran School.
- The information I have provided is both true and accurate

Signature _____ Date _____

CHECK LIST FOR APPLICATION PROCESS

Please check to make sure the application is complete. The application process **will begin** when the Admissions Office has received **ALL** of the following information:

- _____ The completed APPLICATION
- _____ A certified copy of the student’s BIRTH CERTIFICATE
- _____ A copy of the student’s IMMUNIZATION RECORD
- _____ The non-refundable APPLICATION FEE of \$50

Oak Grove Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

The mission of Oak Grove Lutheran School is to express God’s love by nurturing students for academic achievement, lifelong Christian commitment and loving service throughout the world.