



Our Savior Lutheran Church & School

23290 Highway 7 • Excelsior, MN 55331
ph 952-474-5181 • fax 952-470-1985
www.oslcs.org

FOR OFFICE USE ONLY

Date Received _____

Date Accepted _____

APPLICATION FOR ADMISSION

Student's Name _____ M ___ F ___

Grade _____ Kindergarten - Full Day _____ Half Day _____

(Present student skip to back)

Address _____ Phone _____

City _____ State _____ Zip Code _____ Adopted: Yes No

Email address _____ Cell phone _____

Date of Birth _____ Place of Birth _____ Ethnic Group _____

Baptism Date _____ Place of Baptism _____ Denomination _____

City _____ State _____

Church Home _____ Synod/Denomination _____

Church Address (city) _____

Pastor's Name(s) _____

Father's Name _____ Phone: _____

Address (if different) _____

Church Membership (if different) _____ Work Phone _____

Occupation _____ Employer _____

Mother's Name _____ Phone: _____

Address (if different) _____

Church Membership (if different) _____ Work Phone _____

Occupation _____ Employer _____

Marital Status of Parents: _____ Married _____ Separated _____ Single _____ Widowed _____ Divorced

Name of Legal Guardian (if applicable) _____

Address _____ Phone: _____

Please continue on the backside.

