Our Saviour Lutheran School
1734 Williamsbridge Road
Bronx, NY 10461 ✠ (718) 792-5665

Greetings to our High School Applicants and Families,

We are pleased that you have shown an interest in Our Saviour Lutheran School (OSL). *Our Saviour Lutheran School is an educational community that inspires academic success, cultivates holistic growth, and instills faithful Christian character in a caring, thoughtful, and engaging learning environment*. We believe parents, students, faculty and staff work together to make this possible. Thank you for joining our academic community!

For admission/enrollment, the following forms must be completed and submitted:

1) OSL Application
2) Records Release Form
3) IEP Documentation of Services Needed
4) $30 Non-refundable Application Fee
5) FACTS Tuition Payment Account Setup

After your acceptance, you will need to complete and submit the following remaining forms:

6) Parental Consent & Photo Publicity Release Form
7) Athletic Participation Release Waiver
8) Transportation Form
9) Student Information & Emergency Contact Form
10) Medical Form/Immunization Records
11) OSL School Agreement Form

There are additional informational materials included in this packet for your review. By New York law, we cannot permit your child to begin school without a complete up-to-date immunization record/medical form. All students are expected to have their uniform in order to begin school. All tuition payment accounts are required to be set up and in use in advance of the first day of school.

We recognize that providing your children with a nurturing, Christ-centered education takes time, commitment, and flexibility. We appreciate and honor your role in the educational experience and look forward to having you as part of our school family.

Peace and love in Jesus,

Pastor Matthew Ryan González

Rev. Matthew Ryan González
Lead Pastor & Head of School
Our Saviour Lutheran Church & School

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ABOUT US

Educational Experience

As an accredited institution of New York State, we follow all required guidelines in preparation for graduation from High School. This includes Regents Exams and college preparation. Our students leave OSL with the tools they need to positively impact their colleges, families, and communities.

Spiritual Life

Our Saviour Lutheran follows a rich tradition of theological instruction from a Christian perspective. Students have Theology classes and participate in weekly chapel services & devotional times. Students also may participate in Christian fellowship activities and are encouraged to engage in service.

Extra Curriculars

Students participate in a variety of activities over the school year including athletic teams, local and/or international field trips, and various clubs.

Uniform

Students are expected to arrive at school daily fully dressed according to uniform guidelines.

Tuition and Fees 2026-27

Families have the option of paying tuition and fees in a variety of different payment plans. Financial assistance is available for those who apply and demonstrate need.

Grades 8-12 Maximum Tuition & Fees: $14,000

Scholarships Available:

There are a significant number of scholarships available to students who complete scholarship applications and keep up with listed expectations.

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Date of Application: _____

Personal Information

Student's Full Name _____ Applied Previously? Y/N _____

Date of Birth _____ (MM/DD/YYYY) Entering Grade (circle one) 8 9 10 11 12

Sex of Student _____Male _____Female

Permanent Home Address

_____

Student's Phone Number

_____

Parent/Legal Guardian Full Name *add all responsible adults involved, please*

1) Name: _____ Relationship: _____
   Address _____
2) Name: _____ Relationship: _____
   Address _____
3) Name: _____ Relationship: _____
   Address _____

Parent/Legal Guardian(s) Employer _____
Parent/Legal Guardian(s) Contact Number _____
Parent/Legal Guardian(s) Email Address _____

Student Resides With: __Mother & Father __Mother __Father __Grandparent(s) __Other (specify)

Name of Student's Current School _____ Years attended _____
Phone Number of Current School _____
Name of Previous High School _____ Years attended _____
Phone Number of Previous School _____

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Tell Us More About Your Student

Please provide detailed answers for the following questions so we can best accommodate your family's needs and desires.

Why do you wish to enroll your child in Our Saviour Lutheran?

_____

_____

What are your child's academic strengths?

_____

What are your child's academic weaknesses?

_____

What are your child's extracurricular interests? (athletic/artistic/musical/other)

_____

Does your child have a learning disability or special needs? If yes, please explain. *You will be required to submit a copy of your child's IEP (or 504) along with your application.

_____

_____

At Our Saviour Lutheran School, your child will have religious courses and participate in Christian chapel services. While we do not force students into a belief system, we require respectful participation in this part of the life of our school. How do you feel about this?

_____

_____

How did you hear about Our Saviour Lutheran School?
___ Current Parent ___I know an Alumni __ Saw Advertisement __Walk-In/Word of Mouth

Does your family currently attend church/religious services? If yes, please state where
Church Name/Leader's Name

_____

A non-refundable application fee of $30 is due with your application in order for it to be processed. Checks should be made payable to "Our Saviour Lutheran" How will you be paying your application fee?
___Check ___Money Order ____Cash

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Records Release

Dear Parents/Guardians:

In order for us to gain a better understanding of your child's record of achievement and potential, we need your permission to request records from your child's current school. Please complete the information below, which will authorize the release of all your child's records to Our Saviour Lutheran. After you complete this form, return it along with our completed Admissions Application and the $30 application fee to our school office.

Thank you!

Current School and Address (Please print)

School Name _____
Address _____
City _____ State _____ Zip Code_____

Dear Principal or Head of School,

As a parent/guardian of _____ currently in grade ____, I authorize you to release all appropriate information concerning his/her academic, personal and medical records to Our Saviour Lutheran School. I understand this information will be used in connection to Our Saviour Lutheran and will be held in strict confidence.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Printed Name _____

Please send all records to:
Academic Director
Our Saviour Lutheran School
1734 Williamsbridge Road
Bronx, NY 10461

Or FAX to: (718) 409-3877

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Parental Consent & Photo Publicity Release Form

Co-Curricular Athletics
I hereby give my consent for my child to fully participate in the after school sports activities sponsored and supervised by Our Saviour Lutheran School. I also give consent for my child to accompany the team(s) to its out of town games and will not hold the school responsible for the welfare of my child if he or she is injured in the course of the school sports activities.

Co-Curricular Clubs and Activities
I hereby give my consent for my child to fully participate in any after school activities sponsored and supervised by Our Saviour Lutheran School. I will not hold the school responsible for any injury that my child may sustain as a result of their participation in school sponsored after school activities.

NYSTL Loaned Textbooks
I give my consent for my child to participate in and receive books under the New York State Textbook Loan Law and under the regulations of Our Saviour Lutheran School.

Photo Publicity Release
In consideration of the gifts of others, I hereby grant permission for any photographs or publicity involving my child while a student at Our Saviour Lutheran School to be used in connection with publicity or public relation of Our Saviour Lutheran School.

Student's Signature _____ Date _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Other Guardian's Signature _____ Date _____

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FACTS Tuition Payment Account Setup

Here at Our Saviour, your student must be enrolled in the FACTS Tuition Management System (if you are not yet enrolled in FACTS, please visit https://online.factsmgt.com/signin/3CZBL). All financial information within the FACTS system must be updated FOR ALL STUDENTS in order to complete enrollment for the 2026-2027 academic year.

If your family is in need of financial assistance, you must apply for grant & aid in this upcoming year through the FACTS system. Grant & aid requests outside of the FACTS system will not be considered, nor eligible for acceptance.

If you have additional questions, please contact our Office Administrator, Mrs. Linda Morales (lmorales@oursaviourbronx.org).

We look forward to having your students with us as we enter this new year, trusting together in the love & hope of Jesus.

Medical Form/Immunization Records (*see attached to be completed by a doctor*)

https://www.schools.nyc.gov/docs/default-source/default-document-library/ch205-child-adolescent-health-examination-form-english

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Transportation Form: Metrocard Request

Date _____

Student's Name _____

Date of Birth _____

Gender ____ M ____ F

Address: Please include city and zip code

_____

_____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

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Student Information & Emergency Contact Form

Student Name _____ Date of Birth (MM/DD/YYYY) _____

Home Address _____

Gender _____ Student Cell Phone _____

Student Lives With: (circle) Mother Father Both Other: _____

Father's Name _____ Cell Phone _____
Email Address _____ Alt. Phone _____

Mother's Name _____ Cell Phone _____
Email Address _____ Alt. Phone _____

EMERGENCY MEDICAL INFORMATION

In the case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow his/her instructions. If the physician or a parent or legal guardian is not available by phone, I authorize the school to take the necessary steps for medical treatment.

Parent Signature _____ Date _____

May Tylenol or Ibuprofen be given to your child by the school? Yes No

Emergency Contacts
Child's Physician _____ Phone _____

Contact Name _____ Relationship to Student _____

Phone _____

Contact Name _____ Relationship to Student _____

Phone _____

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OSL School Agreement Form

In affixing our signatures below, we as parent(s) or guardians and third party payers agree to be bound by the following regulations, as well as all policies of the school as set forth in the school handbook/manual each year.

1. The student is enrolled and all tuition and fees are due for the entire year and each succeeding year thereafter until a letter of withdrawal is received.
2. The school reserves the right to dismiss any student or parent/guardian for any reason that they neem negatively impacts the purpose and mission of the school. This includes but is not limited to: failure to meet financial obligations in a timely fashion as specified elsewhere in this agreement; failure to comply with school policies and regulations; for failure to meet minimum academic standards as established by the school; for failure to give true and accurate information at all times to the school.
3. In the event that the student is dismissed from the school, tuition will be terminated at the end of the month in which the student leaves the school. Fees for the year must be completely paid and will not be refunded.
4. Tuition will be paid according to the following policy and will be charged for each full or partial month in which the student is enrolled:
    a. Tuition and all fees will be paid using the FACTS monthly electronic payment system or paid in full prior to the first day of school for each year of attendance at Our Saviour Lutheran School. All tuition and fees will be paid according to the chosen payment date(s) in FACTS with an active credit/debit card or ACH. Parents/Guardians must apply for re-enrollment annually and pay the re-enrollment fee. Your enrollment in FACTS will be automatic upon re-enrollment acceptance.
    b. Students will be allowed in classes at the beginning of the school year only after account balances are paid in full up to that date. If extenuating circumstances arise, which prevent payment setup or full payment prior to the first day of classes, special consideration may be authorized only by the Business Office upon receipt of a written request.
    c. Payments (other than those that are non-refundable), are refundable upon written request on a pro-rata basis based upon whole months of enrollment (part of a month counts as a whole month). **In the event of student's withdrawal from the school by the parent/guardian, an official letter must be sent thirty (30) days in advance of the withdrawal date. The student is re-enrolled until this letter is received from the parent/guardian providing the exact withdrawal date.** All fees must be paid and are non-refundable. **Tuition will be charged for each full or partial month in which the student is re-enrolled and one month's additional tuition will be charged to all students withdrawing without a month's written notice.** No refunds will be given for withdrawals or written requests that occur after March 1 of the current school year.
    d. Full monthly tuition payments will be received by chosen payment date(s) in FACTS. A $30 late fee will be assessed against each past due tuition charge that incurs due to failure of payment or return of payment. Special consideration may be authorized only by the Business Office of the school upon receipt of a written request.
    e. Any unpaid balance that remains after two months of missed payment date(s) in FACTS will result in the child not being allowed to continue in class.

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f. If any account is in arrears, report cards, transcripts, and diplomas will be held until all money owed is completely paid. The right to take midterm, final, or regents exams may be withheld from any high school student whose account is not up to date.
g. All payments are applied to the oldest invoice or service charges first.
h. A delinquent account will be submitted to our collection agency (Eton Associates Inc.). Once submitted all arrangements for payment must be resolved with the agency and any fees charged for collection (40%) will be billed and paid by those signing this document. Payments made to Our Saviour Lutheran School will be applied to current billings.
i. Any check or payment that is returned for any reason must be immediately replaced in cash and is subject to a handling fee and penalty of at least $50.00.
j. Monies paid by check are subject to a fourteen-day waiting period before the account is cleared.
k. Payments are deposited on the first business day received.
l. The Our Saviour Lutheran School Health Form must be completed and submitted BEFORE a student may begin classes. Medical examinations are required for all students each year.
m. The fee for lost or damaged books is $60.00 per book.
n. Lost or damaged school-issued iPads or laptops will incur a replacement fee of $600.00.
o. If further information about this agreement is desired, the signers may contact the Business Office during regular hours.

Please print ALL request information: Entering Grade _____

Student Name _____ Social Security # _____-_____-_____

Brother/Sister in OSL _____ FACTS Account # _____

Mail Bills To _____ Phone _____

Address_____ Apt# ____ City _____ State _____

Mother's Name _____ Mother's Social Security # _____

Signature X _____ Date _____

Father's Name _____ Father's Social Security # _____

Signature X _____ Date _____

Third Party Payer: If someone other than a parent is assuming partial or full responsibility for the student's tuition and fees, he/she must sign and complete the information below.

Printed Name _____ Social Security # _____

Address _____ Apt# ____ City _____ State _____

Signature X _____ Date _____

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Enrollment is not complete until all information is provided

ATHLETIC PARTICIPATION WAIVER & RELEASE

1. STUDENT & SPORT INFORMATION

Student Full Name:	_____
Grade Level:	_____
Date of Birth:	____ / ____ / _____
Sport(s) Covered:	**ALL ATHLETIC ACTIVITY**

2. ASSUMPTION OF RISK

I, the undersigned, acknowledge that participation in high school athletics involves inherent risks, including but not limited to: physical injury, permanent disability, paralysis, exposure to communicable diseases, and death. I understand that these risks exist despite safety protocols, coaching, and equipment. By signing this document, I voluntarily assume all risks associated with participation, practice, and travel related to these activities.

3. RELEASE OF LIABILITY & HOLD HARMLESS

In consideration of the student being allowed to participate, the undersigned student and parent/guardian hereby agree that Our Saviour Lutheran School shall have ZERO LIABILITY for any injury, loss, or damage sustained. We hereby release, waive, and forever discharge the School, its Board of Education, employees, coaches, and volunteers from any and all claims, demands, or causes of action arising out of or in any way connected with the student's participation. This release includes claims resulting from any negligence of the school or its agents. We further agree to indemnify and hold harmless the School from any costs, including legal fees, incurred as a result of any such claims brought by or on behalf of the student.

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4. MEDICAL AUTHORIZATION & INSURANCE

In the event of an emergency, I hereby grant permission to the school staff or medical personnel to administer first aid and to seek emergency medical treatment, including surgery or hospitalization, for the student. I accept full financial responsibility for all medical expenses incurred.

- **Primary Insurance Provider:** _____
- **Policy/Group Number:** _____
- **Allergies/Medical Conditions:** _____

5. ACKNOWLEDGMENT AND SIGNATURES

By signing below, we certify that we have read this entire document, understand that we are surrendering substantial legal rights (including the right to sue the school), and agree to be bound by its terms.

Student Signature: _____ Date: / /

Parent/Guardian Signature: _____ Date: / /

Parent/Guardian Printed Name: _____

Emergency Contact Phone Number: (_____) _____ - _____