NEW STUDENT APPLICATION

Please complete one application per student and answer every question. Write "N/A" if a question does not apply. All information is kept confidential.

I. STUDENT INFORMATION

Student name: _____
Last, First, Middle, Preferred

Grade applying for: _____ School year applying for: _____ Date of birth: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

II. PARENT / GUARDIAN INFORMATION

Parent / Guardian 1

Full name: _____ Relationship to student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Other phone (work or home): _____

Email: _____

Occupation: _____ Position/Title: _____

Parent / Guardian 2

Full name: _____ Relationship to student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Other phone (work or home): _____

Email: _____

Occupation: _____ Position/Title: _____

Student lives with: ☐ Both parents ☐ Mother ☐ Father ☐ Guardian ☐ Other

III. SCHOOL HISTORY

School currently attending: _____ Grades attended: _____

School address: _____

Other schools attended (name and grades): _____

_____

Reason for leaving current school:

_____

Has your child ever been suspended or dismissed from a school? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has your child received any office referrals? ☐ Yes ☐ No

If yes, please list the reason: _____

_____

Has your child ever repeated a grade? ☐ Yes ☐ No

If yes, which grade? _____

IV. LEARNING SUPPORT & HEALTH

This information helps us understand how best to support your child. A "yes" answer does not disqualify an applicant.

1. Does your child currently have a 504 Plan or an IEP (Individualized Education Program)?

☐ 504 Plan ☐ IEP ☐ Neither

If your child has a 504 Plan or IEP, please briefly describe the services or accommodations provided through the plan:

_____

_____

_____

2. Has your child been diagnosed with any health condition or learning disability? *(e.g., ADHD, dyslexia, asthma, diabetes, severe allergies)*

☐ Yes ☐ No

If yes, please list the diagnosis or diagnoses: _____

3. Does your child take any daily medication?

☐ Yes ☐ No

If yes, please list each medication and what it is for: _____

Would that medication need to be administered at school? ☐ Yes ☐ No

4. If your child is homeschooled, do you have any academic or learning disability concerns?

☐ Yes ☐ No ☐ Not homeschooled

If yes, what are they? _____

_____

_____

V. ABOUT YOUR CHILD

Why would you like your child to attend The Oaks School?

_____

_____

_____

Describe your child's greatest strengths.

_____

_____

Describe your child's interests and extracurricular activities.

_____

_____

Please list any specific sports your child is interested in participating in.

_____

VI. CHURCH AFFILIATION

What church do you currently attend? _____

SUBMITTING YOUR APPLICATION

Submit application by: emailing the completed application to admin@theoaksschool.org, or mailing it to The Oaks School, 2201 Executive Park Dr., Opelika, AL 36801.

Application fee: Pay the $200 application fee through our school website under the "More" menu, then the "Give" tab.

I certify that the information on this application is true and complete.

Parent/Guardian signature: _____ Date: _____