

NEW STUDENT APPLICATION

I. Student Information

Student Name:	middle	firet	(preferred)	
iasi	maale	IIISt	(preferred)	
Grade:	_ Date of birth: _		Soc. Security #	
Address:				
City:			State:	Zip:
II. Parent Infor	mation			
Father's Name: _				
Address: (if differ	ent from above)			
City:			State:	Zip:
Cell Phone:		Other phone (work or home)		
Email:			_	
Occupation:		Position/Title:		
Mother's Name:				
Address: (if differ	ent from above)			
City:			State:	Zip:
Cell Phone:		Other phone (work or home)		
Email:			_	
Occupation:		Position/Title:		
Student lives wi	th:Mother/Fa	ther	Mother Father _	Guardian

III. School Information

School currently attending:	Grades attended
School address:	
List any other schools attended:	
Reason for leaving current school:	
Has your child ever been dismissed or suspended fron	n school? yes no
Does your child have an IEP, 504 Plan, or any diagnos	ed learning challenges or difficulties?yes no
Briefly share why you would like your child to attend Th	ne Oaks School?
Describe your child's greatest strengths	
Describe your child's interests and extracurricular activ	rities.
IV. Church Affiliation	
What church do you currently attend?	

Please email completed application to <u>admin@theoaksschool.org</u> or mail to The Oaks School, 2201 Executive Park Dr., Opelika, AL 36801.

Include the application fee of \$200 per student