

THE OAKS

Application for Admission

Enrollment Yr: _____
Cash/ Ck Rec: _____
Reference Ck. _____
Family Interview: _____

Student's Legal Name: _____ Preferred Name: _____
SS# _____ DOB: _____ Age: _____ Grade entering: _____ Male/Female: _____
Father's Name: _____ Mother's Name: _____
Custodial Street Address: _____ City: _____ Zip: _____
Home Phone:(_____) _____ Daytime Cell Phone:(_____) _____
Ethnicity: _____ Student lives with: Father ___ Mother ___ Stepfather ___ Stepmother ___ Other ___
If other, please explain: _____
Who has legal custody? Father ___ Mother ___ Other _____
Person financially responsible for tuition and fees: First Name _____ Last Name _____
Street Address: _____ City: _____ State: _____ Zip: _____
Does the student have any medical conditions or allergies? _____
Does student take any medications on a daily basis? _____

Emergency Contacts: *(in case of emergency or pick-up when parent cannot be reached)*

Name _____ Relationship _____
Address _____ City/State _____ Zip _____
Home Phone _____ Cell Phone _____

Name _____ Relationship _____
Address _____ City/State _____ Zip _____
Home Phone _____ Cell Phone _____

Student References:

Personal: (not a family member)

Name _____ Phone (_____) _____ City/State _____

Church Related: (pastor, youth pastor, children ministry worker, etc.)

Name _____ Phone (_____) _____ City/State _____

Siblings at The Oaks:

Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____

Emails:

Mother _____
Father _____
Child _____

How did you learn about The Oaks? _____

Student Educational and Behavioral Information:

Last school attended: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Please answer the following questions:

YES NO

- Has this student ever been retained?
- Has this student had any disciplinary difficulties?
- Has this student had any academic problems?
- Has this student ever been tested/evaluated or diagnosed for learning disabilities?
- Has this student ever been tested/evaluated or diagnosed for Attention Deficit Disorder?
- Is this student currently or has he/she ever been under the care of a psychologist/psychiatrist?
- Has this student ever been expelled or suspended for any reason?

If you answered "yes" to any of the questions above, please explain. _____

In what ways do you believe The Oaks can help you achieve the educational goals you have for your child?

Father's Information living with student :

Mail Title: _____ Name: _____ Ethnicity: _____ Marital Status: _____
Church: _____ Active? Yes ___ No ___
Occupation: _____ Cell Phone: (____) _____
Business Name: _____ Business Phone: (____) _____
Business Address: _____ City: _____ Zip: _____

Mother's Information living with student:

Mail Title: _____ Name: _____ Ethnicity: _____ Marital Status: _____
Church: _____ Active? Yes ___ No ___
Occupation: _____ Cell Phone: (____) _____
Business Name: _____ Business Phone: (____) _____
Business Address: _____ City: _____ Zip: _____

The Oaks 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 and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

The submission of an application does not constitute acceptance. Confirmation will be given after the interview. Parents affirm their decision to enroll the student in the school by submitting a signed Financial Agreement. I understand that this application will not be processed unless all questions have been completed and the application has been signed and returned with the Registration fee. Presentation of false information or omission of pertinent information on this application and/or during an interview will constitute grounds for dismissal from The Oaks with no refund of tuition and fees.

Parent/Guardian Signature _____ Date _____