

STUDENT APPLICATION

PERSONAL INFORMATION

Student's Full Name _____ Date of birth _____ Age upon entering _____

Grade entering _____ Ethnicity _____ Gender Male Female
(required by FL Dept. of Ed)

Father's Name _____ Mother's Name _____

Address _____

Home phone _____

Include all information below, but please place a check by the email and cell phone that you want the school to use for primary communications.

_____ Mother's email _____ Mother's cell

_____ Father's email _____ Father's cell

Student lives with Mother Father Stepmother Stepfather Other _____

Who has legal custody? _____

Does student have any medical conditions or allergies? _____

Does student take any medications on a daily basis? _____

EMERGENCY CONTACT DETAILS

Primary Contact Name _____ Home Phone _____

Relationship _____ Mobile Phone _____

Secondary Contact Name _____ Home Phone _____

Relationship _____ Mobile Phone _____

Does student receive a Florida state scholarship?
If so, which one: FTC FES-EO FES-UA/Gardiner McKay Hope

STUDENT EDUCATIONAL AND BEHAVIORAL INFORMATION

Last school attended

Address of last school

Please answer the following questions:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the student ever been retained? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has this student had any disciplinary difficulties? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has this student had any academic problems or does he/she have a learning disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has this student ever been tested/evaluated or diagnosed with a learning disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has this student ever been tested/evaluated or diagnosed with Attention Deficit Disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this student currently or has he/she ever been under the care of a psychologist/psychiatrist? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 think The Oaks can help your family achieve its goals, educationally and spiritually? What qualities do you see in The Oaks that make you want to choose it for your child(ren)

FAMILY REFERENCES

Please provide at least two family references who know you well. We will be calling him or her to get a family and student reference. By writing the information below, you give The Oaks permission to call these individuals.

Check here if you have already filled this portion out for another child (we will reference that application).

Primary Contact Name

Home Phone

Relationship

Mobile Phone

Secondary Contact Name

Home Phone

Relationship

Mobile Phone

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 Parent 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 Application 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 Name

Parent signature

Date