

# Application for Admission



**The Oaks**  
ACADEMY

<b>For Office Use Only</b>		Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date received:	Check#:	Amt:
Testing:	Interview:	Financial Aid:

**This application must be filled out completely and returned with a NON-REFUNDABLE \$50.00 application fee.**

Applying for Grade Level:	School Year Beginning:
---------------------------	------------------------

## Student's Information

Last:		First:		Middle:
Date of birth:	Age:	Sex:	Place of birth:	
Race: <input type="checkbox"/> African American <input type="checkbox"/> European/White American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Latino/Hispanic American <input type="checkbox"/> Multi-Racial/Bi-Racial American <input type="checkbox"/> Other:				
Is the student living with at least one parent? If no, list with whom the student is living (grandparent, uncle)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Relationship:		
What is the marital relationship in the home: <input type="checkbox"/> Married and living together <input type="checkbox"/> Not married <input type="checkbox"/> One parent deceased <input type="checkbox"/> Not Married and living together <input type="checkbox"/> Living with natural parent and stepparent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Divorced/separated				
If parents are divorced or separated, who has legal custody of the student?				
Name:		Relationship:		

## Father

Name:		Email:
Address:		City,State,Zip:
Home phone:	Work phone:	Cell phone:
Company name:		Occupation:

## Mother

Name:		Email:
Address:		City,State,Zip:
Home phone:	Work phone:	Cell phone:
Company name:		Occupation:

## Other Children

Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:

## Name of person responsible for tuition, if other than parents.

Name:	Email:
Address:	City,State,Zip:

**Relatives who attend or have attended The Oaks Academy**

Name(s):
----------

**Schools previously attended by student**

School:	Dates attended:	Grades completed:
School address:	Phone:	
School:	Dates attended:	Grades completed:
School address:	Phone:	
School:	Dates attended:	Grades completed:
School address:	Phone:	

**From whom should we expect recommendations (2 non-family recommendations required)?**

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**Student History**

Has the student ever been suspended, asked to withdraw from school or expelled? If you answered yes to any part of this question, please provide complete details on a separate sheet of paper, including the principal's name and address of the school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been retained in a grade? If yes, state grade year and circumstances on a separate sheet of paper and attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been recommended for Special Education testing, tested for placement in a Special Education program or placed in a Special Education program? If yes, please provide details of circumstances on a separate sheet of paper and attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever had an Individual Educational Plan (IEP) written?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have further information which may assist in the guidance of the student at The Oaks Academy, such as pertinent medical, emotional or other data of which the school should be aware, please indicate below.	
Describe your reasons for your child's application for admission to The Oaks Academy, including why you're interested in a transfer if they are/were in a previous school. In addition, we welcome any special information you might share with us about your child.	

**Family Information**

If your family is involved in a local church, what church do you attend?	Name:
Denomination:	Address:
The Oaks Academy strives to maintain a socio-economically and racially inclusive school environment. In order to insure this balance, please answer the following questions. All information will be held in strict confidence and will be used only in the interest of maintaining balance in our school.	
Annual Income Level: <input type="checkbox"/> \$0 to \$25,999 <input type="checkbox"/> \$26,000 to \$39,999 <input type="checkbox"/> \$40,000 to \$55,999 <input type="checkbox"/> \$56,000 to \$79,999 <input type="checkbox"/> \$80,000+	
Number of persons living in household: _____	

The Oaks Academy 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, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

\_\_\_\_\_  
Signature of parent(s) or legal guardian

\_\_\_\_\_  
Date