



OAKHILL ACADEMY ENROLLMENT APPLICATION

Please print. Complete both sides of the application form and return to the Admissions office. The \$75 NON-REFUNDABLE application fee is due with this application.

Student's Name: _____

Male _____ Female _____ *first* _____ *middle* _____ *last* _____
Age _____ Date of Birth _____ / _____ / _____.

Applying for grade _____ Entering School Year _____ Enter Date _____

Ethnicity: _____ Child's Social Security # _____

FAMILY INFORMATION

Father/Guardian

_____ full name

_____ work phone

_____ mailing address

_____ employer/business name

_____ city, state, zip code

_____ occupation

_____ home phone

_____ email address

_____ cell phone

Do you currently live with the child? YES NO

Mother/Guardian

_____ full name

_____ work phone

_____ mailing address

_____ employer/business name

_____ city, state, zip code

_____ occupation

_____ home phone

_____ email address

_____ cell phone

Do you currently live with the child? YES NO

Oakhill Academy admits students of any race, color, sex, national or 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, sex, national and ethnic origin in the administration of its educational policies or admission policies.

I/we understand our home address/phone will be published in Oakhill's web based directory on our student data system unless we submit a declination in writing to the school office.

I/we understand that a \$75 application fee is required with this application and that the application will be considered incomplete until Oakhill Academy has received a teacher recommendation, a principal/counselor recommendation, immunization records, and a copy of school records for the student applying.

Oakhill Academy
Enrollment Application
page 2

Custody

If parents are separated or divorced, to whom shall we send the following?

General correspondence: _____ Mother _____ Father _____ Both

Copies of report cards: _____ Mother _____ Father _____ Both

Billing: _____ Mother _____ Father _____ Both

Are there any custody disputes, problems, or restraining orders in force? _____

If so, legal custody papers must be brought to the school office to be copied and filed in school records.

Health

Does the child/applicant have any health problems the school should be aware of? _____ Yes _____ No

If yes, please explain _____

Is the child/applicant on any regular medications? If so, please list _____

Please note that any medication, even over-the-counter, cannot be dispensed at school without a written consent form filled out by the physician and the parent. This form is available from the school office. All medication is to be kept in the school office only. Students may not carry their medication with them.

Incoming Kindergarteners

Preschool attended:

Educational Programs

Has the child/applicant ever been in any special programs, such as GATE, Speech, SDC, or RSP? _____

If yes, please explain _____ If there is an IEP, please bring it to the school office to be copied.

Behavior

Has the child/applicant ever had discipline problems, leading to suspension or expulsion? _____ Yes _____ No

If yes, explain _____

Immunization

Up-to-date immunization records must be submitted with this application. In addition, parents of preschool, kindergarten, and first grade applicants must submit proof of birth date (in the form of an abstract certificate of birth, passport, baptismal certificate or birth registration form), and a physical form completed by the child's physician.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____