

Application for Admission

Student Information

Full Legal Name: _____
first middle last

Nickname or Preferred Name: _____

Date of Birth: _____ Male Female Current Age: _____ Current Grade: _____

Applying for Grade: _____ Academic Year: _____ / _____ Day Boarding ESL I-20 Needed

Citizenship: _____ Country of Birth: _____

Mother

Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____

State, Zip: _____ email: _____

Employer: _____ Work Phone: _____

Father

Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____

State, Zip: _____ email: _____

Employer: _____ Work Phone: _____

Married Divorced Separated Single Parent Legal Guardian Other: _____

Applicant lives with: _____

Person with financial responsibility for tuition and fees: Parents Other: _____

Billing Address: _____

Phone: _____ How did you learn about Oak Grove? _____ Are you applying for financial aid? _____

Name, date of birth and schools of siblings: _____

Academic History

Current School

Name: _____

Address: _____

Phone: _____ FAX: _____

Reason for leaving: _____

Previous School

Name: _____

Address: _____

Phone: _____ FAX: _____

Reason for leaving: _____

Previous School

Name: _____

Address: _____

Phone: _____ FAX: _____

Reason for leaving: _____

Full Disclosure

If the applicant has been dismissed, suspended or has experienced disciplinary, social, emotional, or academic difficulties in school or at home, details must be submitted in writing with this application.

Grades Seven Through High School Only

Please complete in your own handwriting the enclosed student questionnaire and essay for your appropriate grade level (grades seven to eight, or high school).

Parent Questionnaire

Describe your interest in the type of education that Oak Grove School provides, including how your family life and educational goals are compatible with Oak Grove School's philosophy.

Does your child have any academic, physical emotional or medical difficulties? Yes No

Please indicate whether the applicant has had any of the following assessments or treatments:

- educational testing hearing treatment tutoring medical diagnosis
 speech therapy psychological evaluation vision treatment

Describe any treatments, diagnosis or therapies. Attach a copy of relevant reports or diagnoses.

Describe areas of academic, emotional, artistic or athletic strengths:

Describe the quality of the applicant's peer relationships:

Describe the applicant's participation in hobbies or other extracurricular activities:

As with most independent schools, tuition and fees do not cover the full cost of educating each student. To fill this gap, Oak Grove relies upon supplementary sources of revenue such as fundraising events and an annual giving drive. Would you be willing to support the school's fundraising activities? Yes No

Signature of Parent or Guardian

I understand that enrollment at Oak Grove School is subject to acceptance by the school.

During school visits, I give permission for my son/daughter to participate in regularly scheduled field trips within the Ojai Valley that may include my child. I understand that field trips entailing longer distances will require a separate permission form. In the event of a serious emergency where time is of the essence, Oak Grove School may administer such treatment and medications to my child that may be recommended by medical personnel deemed competent by school authorities.

Signature of Parent or Guardian

Date

Current family photo attached