



APPLICATION FOR ENROLLMENT

RETURN THIS FORM WITH THE REGISTRATION FEE OF \$150.00 PER FAMILY

Note: Completion of this application does not imply acceptance to Oxford Hills Christian Academy.

PERSONAL INFORMATION

Student Name: _____ Date of Birth: _____

Sex: Male Female

Race: _____

Applying for School Year: _____ - _____

Grade Entering: _____

Last School Attended: _____

Last School's Address: _____ Town: _____ Zip: _____

Any grade repeated? YES NO If yes, which grade and why? _____

Any grade skipped? YES NO If yes, which grade and why? _____

Has this student experienced any particular academic difficulties or been tested for and/or diagnosed with a learning disability (including Attention Deficit Disorder)? YES NO If yes, please describe: _____

Has this student ever been a recipient of Special Education Services at any time (Speech, Resource Room, or Tutoring in specific subject areas or other)? YES NO If yes, please describe below: _____

To your knowledge, would this student be considered a discipline problem by any of his/her teachers? YES NO If yes, please explain: _____

Has this student ever been suspended or expelled from school? YES NO If yes, why? _____

PARENT/GUARDIAN INFORMATION

Parent's or Guardian's Name: _____ Telephone: _____

Address: _____ Town: _____ Zip: _____

Employer: _____ Telephone: _____

Other Parent's or Guardian's Name: _____ Telephone: _____

Address: _____ Town: _____ Zip: _____

Employer: _____ Telephone: _____

PARENT/STUDENT MANUAL

I have read, understand, and agree to abide by the Parent/Student manual:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Student's Signature (Grades 5-12): _____ Date: _____

FURTHER INFORMATION

Are the applicant and/or his or her parents regularly attending a church? YES NO

Church: _____ Town: _____

What is your reason for wishing to enroll your student in Oxford Hills Christian Academy?

REFERENCES

Please submit two adults (not relatives) whom we may contact as references:

Reference's Name: _____ Telephone: _____

Address: _____ Town: _____ Zip: _____

Reference's Name: _____ Telephone: _____

Address: _____ Town: _____ Zip: _____



STUDENT HEALTH INFORMATION

Student Name: _____ Date of Birth: _____

Physician's Name: _____ Telephone: _____

Does the student have any illness, allergies, or disabilities which might prevent him or her from participating in any school activities? YES NO If yes, please describe: _____

MEDICATION

Is the student taking any medications on an ongoing basis? YES NO If yes, please list below:

ENROLLMENT PROCEDURE

1. Carefully read the information provided in the admissions packet which includes the Student/Parent Manual, Tuition and Fees Form, and this Application for Enrollment.
2. Complete and return the Application for Enrollment, signed by both parents and the student if he/she is 5th grade or older to the address at the bottom of the form.
3. Include the \$150.00 per family registration fee with the completed Application for Enrollment.
4. You will be contacted for an interview within one week of the Academy receiving your completed Application for Enrollment.
5. Notification of acceptance or non-acceptance will be made within one week of the interview.