

## Application for Student Enrollment

### Application Notice

Please send the completed application with your child's records. The following items are required:

- Psychological Evaluation (WISC with subtest scale scores and narrative, must be within the last three years).
- All other current and pertinent diagnostic evaluation scores (Academic achievement tests, educational evaluation, speech/language, medical, all information from special education evaluation or triennial evaluation.)
- Student evaluations or Teacher narratives, including present achievement levels, strengths, weaknesses, learning styles and behavior.
- Information from a counselor, psychologist, or psychiatrist, if applicable.

The above information is necessary to help determine Oakland's ability to develop a program which will provide for the educational, psychological, health and protection needs of a prospective student. Inclusion of this information in the initial application is required by our accrediting agency, Virginia Association of Independent Specialized Education Facilities.

### Application Statement

If it is determined that critical information has been withheld, either intentionally or inadvertently, Oakland School reserves the right to either withdraw a student's acceptance or terminate the student's placement at the school. All pertinent information will be held in the strictest confidence, and will be destroyed within 5 years from its receipt if your child does not attend.

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Parent Signature

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Date

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Parent Signature

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Date

## Application for Student Enrollment

Child's Name

Nickname

Birth Date

Sex

Social Security #

Home Address

City

State

Zip Code

Phone

Secondary Address

City

State

Zip Code

Phone

Present Grade Level

Date of Application:

Term applied for: Summer 20 \_\_\_\_ Fall 20 \_\_\_\_

Day

Boarding

Is your child a US Citizen? Yes No Estimated Grade Level for: Reading \_\_\_\_\_ Math \_\_\_\_\_

Referral Source: Where did you hear about Oakland?

## Guardian Information

Person(s) filling out this form

Mother's Name

Home Phone

Cell Phone

Email

Occupation

Work Phone

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Father's Name

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Home Phone

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Cell Phone

---

Email

---

Occupation

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Work Phone

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Marital Status of Parents

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Child Lives with

Are there any other pertinent adults with guardianship rights regarding your child?  
Please list names and relationships:

### Health Information

Some of the children at Oakland School have clinically diagnosed Learning Disabilities; if your child has been diagnosed, what is the diagnosis?

Has your child received any psychiatric diagnoses such as Bi-Polar disorder, mood disturbances, etc.? Please explain.

IQ is a measure of a child's ability to learn and is broken into many sub groupings. It can be found on your child's Psych/Ed evaluation. Please supply the following information:

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Name of test (s) (ex. WISC IV) (include complete testing report with application)

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Date administered

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Full Scale

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Verbal

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Processing

Is your child presently receiving psychological therapy?

Yes

No

Is your child presently receiving speech/language therapy?

Yes

No

Any bedwetting problems or encopresis?

Yes

No

Does your child have special health considerations? Please explain:

If your child is presently taking any medications, please list below.

Name of Medication	For	Dosage	Since

Some of our children exhibit very specific behaviors that impede educational success. Please check any of the following that apply to your child.

- |                             |                                 |
|-----------------------------|---------------------------------|
| Decoding _____              | Paying attention _____          |
| Reading comprehension _____ | Respecting others' rights _____ |
| Math _____                  | Sitting still _____             |
| Written language _____      | Waiting his or her turn _____   |
| Spelling _____              | Remembering things _____        |
| Fine motor skills _____     | Social skills _____             |
| Oral language _____         | Taking tests _____              |
| Conduct _____               | Focus _____                     |
| Organization _____          | Self esteem _____               |

If your child has been held back a grade, what grade(s) and why?

How does your child:

A. Get along with his/her peers?

B. Follow directions?

C. Tolerate frustrations?

D. Accept academic challenges and transition to different activities?

What do you see as your child's greatest strengths or assets?

What goals would you like to see met by enrolling your child at Oakland?

What have you found to be the most satisfactory ways of helping your child?

Please provide any additional information that may be helpful to us.

The above information is complete and accurate to the best of my knowledge. I am aware that deliberately leaving out information that would directly affect my child's educational program may adversely affect his/her chances of being successful at Oakland School.

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Parent Signature

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Date



## Request for Release of School Information

Please note: This form should be sent to your child's current school to fill out, then mailed to Oakland School.

I hereby give \_\_\_\_\_ permission to release  
Name of School

all information regarding my child, \_\_\_\_\_ to Oakland School.  
Name of Child

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Note to school: The parents of the above named student have applied to Oakland School. Please send the following information as soon as possible:

- Psychological Evaluation (Current WISC scores and subscores)
- Educational Evaluation
- Standardized Achievement Scores
- Comments from teachers, guidance counselors and/or other staff

Please send the above information to:

**Oakland School**  
**128 Oakland Farm Way**  
**Troy, VA 22974**  
**Phone: 434-293-9059**  
**Fax: 434-296-8930**

## Student Evaluation Form

### Student Information

**Parent/guardian:** Please make sure the Request for Release of School Information is sent to the child's current school.

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Child's Name

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Grade

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Age

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Parent Signature

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Date

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Teacher Name

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Position

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Teacher Signature

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Date

---

School Name & Address

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How long have you known this child?

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What three words come to mind when describing this child?

What are this child's greatest strengths?

What are this child's challenges?

Please check the most developmentally age-appropriate description of this child.

Performance	Did Not Observe	Needs Improvement	Emerging	Consistent	Advanced	Exceptional
Ability to work independently						
Ability to work in a group						
Classroom conduct						
Relationship with peers						
Maturity						
Academic ability						
Academic performance						
Follows directions						
Attention span						
Respect for others						
Transitions						

Additional Comments: