



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 School'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

The following 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. 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 five years from its receipt if your child does not attend.

Parent Signature

Date

Parent Signature

Date

Student Information

Child's Name

Nickname

Birth Date

Sex

Social Security Number

Home Address

City

State

Zip Code

Phone

Secondary Address

City

State

Zip Code

Phone

Present Grade Level

Date of Application

Term applying for: Summer 20____ Fall 20____ Other____ Day Boarding

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

How did you hear about Oakland?

Google Ad

Social Media

Referral

Print Advertising

School Fair

Other

If Referral or Other, please describe. _____

Guardian Information

Person(s) Filling Out This Form

Mother's Name

Home Phone

Cell Phone

Email

Occupation

Work Phone

Father's Name

Home Phone

Cell Phone

Email

Occupation

Work Phone

Martial Status of Parents

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 bipolar disorder, mood disturbances, etc.? Please explain.

IQ is a measure of a child's ability to learn and is broken into many subgroups. It can be found on your child's intellectual testing evaluation. Please supply the following information:

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

Date Administered

Full Scale _____ Verbal _____ 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	Reason For Use	Dosage	Since

Behavior Information

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 your child to achieve 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.