



Application for Student Enrollment

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.)
- 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 licensing authority, The Virginia Department of Education.

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.

Parent's signature

Date

Parent's signature

Date



Application for Student Enrollment

Child's Name _____ Nickname _____

Birth date _____ Sex _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Phone _____

Present Grade Level _____ Term applied for: Summer 20 _____ Fall 20 _____

Day _____ Boarding _____

Referral Source: Where did you hear about Oakland? _____

Person filling out this form: _____ Date of Application _____

Mother's Name _____ Home Phone _____

Cell Phone _____ E-mail _____

Occupation _____ Work Phone _____

Father's Name _____ Home Phone _____

Cell Phone _____ EMail _____

Occupation _____ Work Phone _____

Marital Status of Parents _____ Child lives with _____

Is your child eligible for special education in public school? _____

If so, in what category? _____

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

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:

Name of test (ex. WISC III) _____

Date administered _____

_____ **Full Scale** _____ **Performance** _____ **Verbal**

Is your child presently receiving psychological therapy? _____

Is your child presently receiving speech/language therapy? _____

Does your child have special health considerations? _____

Is your child presently taking any medications? _____ **If so, please list below.**

Name of Medication	Dosage	For How Long?
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- | | |
|---|---|
| <input type="checkbox"/> Decoding | <input type="checkbox"/> Paying attention |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Respecting others' rights |
| <input type="checkbox"/> Math | <input type="checkbox"/> Sitting still |
| <input type="checkbox"/> Written language | <input type="checkbox"/> Waiting his or her turn |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Remembering things |
| <input type="checkbox"/> Fine motor skills | <input type="checkbox"/> Social skills |
| <input type="checkbox"/> Oral language | <input type="checkbox"/> Taking tests |

Has your child been held back a grade? _____ **If so, what grade 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.

Parent's
Signature _____ *Date* _____



Request for Release of School Information

I hereby give the _____ School permission to release all information regarding my child, _____ to Oakland School.

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
- Teacher, Guidance Counselor and/or other staff comments

Please send the above information to:

Oakland School
Boyd Tavern
Keswick, Virginia 22947

***Attention: This form should be sent to your child's current school. It should **not** be sent directly to Oakland School.**