



## 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.

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Parent's signature

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Date

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Parent's signature

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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?

\_\_\_\_\_

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:

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

Date administered \_\_\_\_\_

\_\_\_\_\_ Full Scale \_\_\_\_\_ Verbal \_\_\_\_\_ Processing

Is your child presently receiving psychological therapy? \_\_\_\_\_

Is your child presently receiving speech/language therapy? \_\_\_\_\_

Does your child have special health considerations? \_\_\_\_\_

Any bedwetting problems or encopresis? \_\_\_\_\_

Is your child presently taking any medications? \_\_\_\_\_ If so, 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.

- |  |  |
|--|--|
| <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              |
| <input type="checkbox"/> Conduct               | <input type="checkbox"/> Focus                     |
| <input type="checkbox"/> Organization          | <input type="checkbox"/> Self esteem               |

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?**

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**C. tolerate frustrations?**

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**D. accept academic challenges and transition to different activities?**

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

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

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

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

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*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.