



Oakland Academy Enrollment Application

Applying For: Month _____ Year _____

STUDENT INFORMATION

Legal Name:(Last, First, Middle) _____

Grade for Fall K 1 2 3 4 5 6 Kindergarten Preference: A.M. _____ P.M. _____

Date of Birth _____ Birth Place (city) _____ Gender M F Twin/Triplet? Yes No

Student Primary Residence _____
 Address _____ City _____ State _____ Zip _____

Home Phone _____ School District of Residence _____

Previous School Attended _____

Ethnic Information (PER MI DEPT of ED) Rank & order all that apply: ___American Indian /Alaska Native ___Black/African
 ___Asian American ___Native Hawaiian/ Pacific Islander ___Hispanic/Latino ___White

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____ Legal Guardian? YES NO

Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Email _____ Employer/Occupation _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____ Legal Guardian? YES NO

Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Email _____ Employer/Occupation _____

MEDICAL INFORMATION

Please list all special medical needs and current medication _____

_____ Has student had chicken pox? No Yes Date _____

SPECIAL SERVICES

Does student have an Individualized Education Plan (IEP)? Yes No Date _____

Did student receive Special Services at previous School? Yes No

Circle Services Received: Speech Social Work L.D. E.C.D.D. E.I. V.I. H.I. P.I. A.I. O.H.I. T.B.I. C.I. E.S.L.

Resource Room _____ Self-Contained Classroom _____ Please list all languages spoken at home _____

Siblings

Does this student have sibling(s) currently enrolled at Oakland? Yes No Name(s) _____

Does this student have siblings also applying at Oakland Academy? YES NO Names(s) & Grade(s) _____

X _____ Date _____
 Parent/Guardian Signature

Application Birth Certificate Immunizations Current Report Card for Grades 1-6.

Office Use Only: Date / Time Received Complete

Oakland Academy

How did you find out about Oakland Academy? If referred by an individual, please include their name.

Why do you want your child to attend Oakland Academy?

* It is the parent's responsibility to notify school of address or phone number changes.

Please note: In order for a child's application to be considered for the school year during open enrollment, the school must have this completed document on file by the last business day in February. Approximately one week after open enrollment ends, parents will be officially notified by mail of their child's status for enrollment. Openings that occur AFTER the official notification process has been completed will be filled on a first-come, first-serve basis. After receiving the official notification of their child's acceptance in Oakland Academy, parents are expected to sign a Release of Records form, and to send it back to the Academy with a copy of the child's birth certificate and most recent immunization records. If there are any questions about this process, parents are encouraged to contact Oakland Academy at (269)-324-8951 or the Business Office at (269) 731-5775 ext 132. Thank you for your interest in Oakland Academy!

Enrollment at Oakland Academy - a Michigan public school academy chartered by Grand Valley State University in 1998 - is open to all appropriately aged children without regard to gender, ethnic background, disability, and/or religious affiliation.

MAIL APPLICATION TO:
Foundation for Behavioral Resources
600 South Lincoln Street, Augusta, MI 49012
Phone: (269) 731-5775 Fax: (269) 731-5246