



Please include a photograph of your child.

# Application for Admission

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender: M / F Admission for fall of: \_\_\_\_\_  
mm dd yyyy

Program applying for:

Beginners:	Full Day <input type="checkbox"/>	Half-Day <input type="checkbox"/>	Lower Elementary:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Children's House:	Full Day <input type="checkbox"/>	Half-Day <input type="checkbox"/>	Upper Elementary:	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
			Middle School:	7 <input type="checkbox"/>	8 <input type="checkbox"/>	

### Sibling Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F

### Father or Parent/Guardian:

### Mother or Parent/Guardian:

Address: \_\_\_\_\_ Address, if different: \_\_\_\_\_

Employer: _____	Employer: _____
Title: _____	Title: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Married  Divorced  Single Parent  Life Partners

Country of Origin: \_\_\_\_\_

Ethnicity: Caucasian  Asian  African-American  Latino  Pacific Islander   
 Bi/Multi-Racial  Native American  Other

How did you hear about Oak Meadow School? \_\_\_\_\_

### Child's Current School/Daycare:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Town: \_\_\_\_\_

Tell us about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you considering an Oak Meadow education for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special issues (allergies, medical, physical, emotional, family life, educational, social) in your child's history that we should know about? Y / N  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has an evaluation (speech, hearing, etc) or support services ever been recommended for your child? Y / N  
Has an evaluation been completed for your child? Y / N (If yes, please forward a copy to Oak Meadow School.)  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What talents and/or volunteer involvement will your family share with Oak Meadow?  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Oak Meadow School requires an interview. I understand that all school records, recommendations, and evaluations will be reviewed prior to making an admission decision.

\_\_\_\_\_  
Parent/Guardian Signature Date: mm / dd / yyyy

Applications must be submitted by January 31 in order to be considered with our primary pool of applicants. Please mail this form, along with the ***non-refundable application fee of \$75.00*** to:

Office of Admission  
Oak Meadow School  
2 Old Pickard Lane  
Littleton, MA 01460

Oak Meadow School does not discriminate in admission, financial aid, or administration of its educational policies and employment practices on the basis of race, color, religious affiliation, national or ethnic origin, gender, sexual orientation, marital status, or status as a qualified handicapped individual.