



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**