



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: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

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: _____

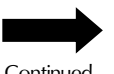
Ethnicity: Caucasian Asian African-American Latino Pacific Islander
Bi/Multi-Racial Native American Other

How did you hear about Oak Meadow School?

Friend: Website: Roadside banner:
Lawn Sign: Facebook: Other: _____

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