



**Checklist:**

- Application
- \$75 Application Fee
- Teacher Evaluation (if applicable)
- Release of Information (if applicable)
- Assessment(s) (if applicable)
- Photograph of your child

## Application for Admission: Beginners Program

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

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)      Gender: M / F      Admission for fall of: 20\_\_\_\_\_

Applying for:      Full Day       Half-Day

Will you need After Care?      Yes       No

**Sibling Information:**

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

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

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

**Parent/Guardian 1:**

Title: Mr. / Mrs. / Ms. / Miss / Dr. / Other: \_\_\_\_\_  
(circle one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 2:**

Title: Mr. / Mrs. / Ms. / Miss / Dr. / Other: \_\_\_\_\_  
(circle one)

Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Applicant Information:**

Country of Citizenship: \_\_\_\_\_

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

Ethnicity of Applicant: Caucasian       Asian       African-American       Latino       Native American

Other: \_\_\_\_\_

**How did you hear about Oak Meadow School?**      Friend/Family       Internet Search       Sign/Banner   
Social Media       Other: \_\_\_\_\_

**Applicant's Current School/Daycare:**

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

Town: \_\_\_\_\_

*Your child...*

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

How does your child communicate his/her needs and wants? How does your child handle frustration? Limit setting? Transitions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is he/she best supported and/or soothed by adults? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 (speech, hearing, etc.) been completed for your child? Y / N (If yes, please forward a copy to Oak Meadow School.)  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your family...*

What activities do you share as a family? What is your daily routine? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your parenting style? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your interests regarding parent involvement. Would you like to share skills, talents and expertise with the school community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your expectations...*

As you have gotten to know more about Oak Meadow, why is it a good match for your child and your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have concerns or challenges you want to be sure to communicate during the application process? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**