Double Oak Academy Student Application

Step 1: Apply and Submit Documents
Step 2: Student Assessment and Family Interview
Step 3: Acceptance and Enrollment Fee

Name: First _____Middle _____Last _____
Address _____City _____
State _____Zip _____ Birth Date: _____Gender: M F Grade: _____
Student Cell #: _____

Please list names, addresses, and grade levels of all schools the student has attended since kindergarten:

_____
_____
_____
Has any grade been repeated? If yes, which: _____?
Has the student ever been expelled or suspended? _____
If yes, please explain _____
_____
Does the student have a current IEP? _____ 504? _____ If yes, please include a copy with this application.

Is this student part of a custody case? YES NO
If yes, please include court documentation with application.

Name of church the student actively attends
_____
Address _____City _____
State _____Zip _____
Pastor's Name _____ Phone # _____

FATHER/GUARDIAN
Name: First _____ Last _____
Address: _____City _____
State _____ Zip _____ Home Phone # _____Cell # _____
Email Address _____
Does the student live with this parent: YES NO
Employer _____ Work Phone #_____

MOTHER/GUARDIAN
Name: First _____ Last _____
Address: _____City _____
State _____ Zip _____ Home Phone # _____Cell # _____
Email Address _____
Does the student live with this parent: YES NO
Employer _____ Work Phone # _____

FINANCIAL RESPONSIBILITY
Which parent/guardian will be responsible for tuition, fees, and other school costs?
_____ Social Security # _____
Driver's License # _____ DL State _____

EMERGENCY CONTACTS
Please list any emergency contacts, other than parents, that you would like added to your student's file.
Name: _____Phone: _____
Relationship: _____
Name: _____Phone: _____
Relationship: _____
ACCEPTABLE PICKUP PERSONS OTHER THAN SELF: _____
_____
Student's Doctor: _____
Phone # _____ Address _____
City _____ State _____ Zip _____
Hospital preference if ever needed:

Are there any physical or mental weaknesses? YES NO If Yes, explain _____
_____
Are there any allergies? YES NO If Yes, explain _____
_____
Any medications? YES NO If Yes, please list medication, dosage & frequency _____
_____

FAMILY OVERVIEW
Please list the names, ages, and schools of the other children living with the student.
Name: _____ Age _____
School: _____
Name: _____ Age _____
School: _____
Name: _____Age _____
School: _____

Please state the reason you are applying for admission to Double Oak Christian Academy: _____
_____
_____

How did you learn about our school? _____

WE UNDERSTAND
A non-refundable application fee of $*125.00* must be paid when this application is submitted.

Once the application and all documents are submitted, the student will be scheduled for a testing day by Double Oak staff (if applicable). After testing, an interview with at least one parent will be held with the administration.

Acceptance of the application does not assure placement in the school. After student testing and family interview, you will be notified as quickly as possible of acceptance or denial.

Upon notification of acceptance, a non-refundable enrollment fee of *$150.00* covering curriculum and grade specific materials is due within two weeks to complete the acceptance process and secure the student's placement.

Tuition is an annual amount that is charged in one of three ways: 10 equal monthly bank draft payments (Aug-May), two equal payments (Aug and January), or one lump sum paid in August. Unpaid/late fees or charges will be added to the next monthly draft.

In making an application for my child to enroll at Double Oak Christian Academy, I agree to abide by the policies outlined in the Student Handbook and other policies that might be instated as the year progresses. This would include all forms of discipline, methods of study, courses of study, dress code, and any rules and regulations stated or implied. I agree to abide by the judgment and decisions of the administration concerning my child.

The following must be sent to Double Oak Christian Academy before acceptance:
_____$*125.00* application fee
_____Transcripts from previous school
_____Student's most recent end-of-year test
_____Most recent report card
_____Any court custody documents on this student
_____Copy of birth certificate
_____Copy of immunization records

I certify that I have answered all questions on this application truthfully and fully. I understand that failure to disclose requested information may be grounds for my child being dismissed from Double Oak Christian Academy.

Father/Guardian Name _____
Signature _____Date _____

Mother/Guardian Name _____
Signature _____Date _____

This application and all supporting documentation must be complete and on file at Double Oak Christian Academy before a decision on acceptance can be made.