



Application for Admission

Applicant's Application for Grade _____

Name _____ Academic Year _____
First Middle Last

Nickname _____ M F

Home Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Date of Birth ____/____/____ Place _____ Citizenship _____
Month Day Year

Present School _____ Years Attended ____ Current grade ____
City _____ State _____ Zip _____ Phone _____

Father's Full Name _____ Mother's Full Name _____
First Middle Last First Middle Last

Home Address (if different from applicant's) _____
Home Address (if different from applicant's) _____

Home Phone (if different) _____ Home Phone (if different) _____

Cell Phone _____ Cell Phone _____

Name of Employer _____ Name of Employer _____

Industry Type _____ Industry Type _____

Address _____ Address _____

Bus. Phone _____ Ext. _____ Bus. Phone _____ Ext. _____

Email _____ Email _____

Title or position held _____ Title or position held _____

How would you like your mail to be addressed to you? _____
(example: Mr. and Mrs. John Smith or Mr. John Smith and Dr. Susan Brown)

Parents are: Married Separated Divorced Unmarried
 Father deceased Mother deceased Father remarried Mother remarried

If father is remarried, stepmother's information:

If mother is remarried, stepfather's information:

Name: _____
First Middle Last

Name: _____
First Middle Last

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Person responsible for all fees: _____ Please send us financial aid information

Background Information

Has the applicant been enrolled previously in Oakhill Day School?

No Yes Regular Session Summer Session Year(s) _____

Other children in the family:

Name _____ Present grade and school _____

Name _____ Present grade and school _____

Name _____ Present grade and school _____

Are any other children in the family applying to Oakhill Day School? No Yes

Relatives or close friends who are Oakhill Day School alumni, present students, trustees or faculty:

Name _____ Years Attended _____

Name _____ Years Attended _____

Should your child be accepted to our school, we would like to place grandparents on our mailing list.

Paternal Grandparents _____ Maternal Grandparents _____

Address _____ Address _____

Application for Admission

I hereby make application for admission of my child named above to enter _____ grade at Oakhill Day School for the _____ academic year. I understand that this application will permit the school to examine the scholastic record of my child, and it will in no way obligate me to the school or the school to me. I have enclosed the \$25 application fee.

I understand that it is not refundable.

Signature _____ Date _____

Authorized Parent / Guardian

Print _____

Authorized Parent / Guardian

Please return this completed form with the \$25 application fee (non-refundable) to:

Admissions Office
Oakhill Day School
7019 N Cherry St
Gladstone, MO 64119

Oakhill Day School does not discriminate in its employment practices or policies on the basis of race, color, religion, national or ethnic origin, disability, sex, sexual orientation or age. Moreover, Oakhill Day School does not discriminate against otherwise qualified students in any of the school's programs or activities on the basis of race, color, religion, national or ethnic origin, disability, sex or sexual orientation of the student consistent with the school's goal of maintaining a diverse student body.

(01/10/07)