



**Five Oaks Academy**  
A Montessori School

## Student Application

Student's Full Name: \_\_\_\_\_

Application for:

### Early Childhood

- Toddler (2-3 years old)
- Primary (3 – 6 years old)     Half Day     Full Day

### Elementary

- Lower Elementary (6 – 9 years old)
- Upper Elementary (9 – 12 years old)
- Middle School (12-14)

Desired Start Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male                       Female

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Addresses 1. \_\_\_\_\_

2. \_\_\_\_\_

**Please list all members of the student's family household**

Parent(s) \_\_\_\_\_

Other(s) \_\_\_\_\_

**Siblings**

<b>Name</b>	<b>Age</b>	<b>Present School</b>
_____	_____	_____
_____	_____	_____

**\_\_\_\_\_ Mother or \_\_\_\_\_ Father's address if different from above:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**Grandparents address 1.** \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**Grandparents address 2.** \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**Family Status**

- Parents Married
- Parents Divorced
- Father Deceased
- Father Remarried
- Parents Separated
- Mother Remarried
- Mother Deceased

**Custody of Student**

Mother    Father    Both    Other (please explain) \_\_\_\_\_

**Father's Employer** \_\_\_\_\_

Position/Profession \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_

Position/Profession \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents' hobbies,  
interests \_\_\_\_\_

Do you have any special skills you would consider volunteering to Five Oaks Academy,  
Inc.?

\_\_\_\_\_  
\_\_\_\_\_

Financial responsibility for the student's tuition will be assumed  
by \_\_\_\_\_ \*

\*address if different from student's address:

\_\_\_\_\_  
\_\_\_\_\_

Names and relationship of any family members who have attended Five Oaks Academy,  
Inc.

\_\_\_\_\_  
\_\_\_\_\_

Your child's present school \_\_\_\_\_

Dates of enrollment \_\_\_\_\_ to \_\_\_\_\_

School address \_\_\_\_\_

Phone \_\_\_\_\_

Teacher/Advisor name \_\_\_\_\_

Previous School(s)

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any specialized tests or evaluations? If so, please list  
test/evaluation, date, and who administered test.

\_\_\_\_\_  
\_\_\_\_\_

Has your child been recommended for educational services? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any services recommended. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe.

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Describe your child's general health

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Does your child have any physical limitations, known allergies, suffered any serious illness or injuries, which would limit his/her participation in the full range of school activities? If so, please describe them briefly:

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Is your child currently receiving any medication? If so, please list:

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Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Five Oaks Academy, Inc., and as authorization for our office to obtain transcripts and recommendations from previous schools. Five Oaks Academy, Inc. welcomes and considers all applications without regard to race, religion, or ethnic or national background. Five Oaks Academy, Inc., 1101 Jonesville Road, Simpsonville, SC 29681, admits students of any race, color, national and/or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at Five Oaks Academy. Five Oaks Academy does not discriminate in any way on the basis of race, color, national or ethnic origin or in the administration of its educational policies, scholarship programs, athletic, and/or any other school-administered programs.

Application Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by Five Oaks Academy:

Date application received \_\_\_\_\_ Received by \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_