



**Five Oaks Academy**  
A Montessori School

## Student Application

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

Application for: (fill appropriate circle)

### Early Childhood

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

### Elementary

- Lower Elementary (6 – 9 years old) (Grades 1 – 3)  
 Upper Elementary (9 – 12 years old) (Grades 4 – 6)  
 Middle School (12 – 13 years old) (Grades 7 & 8)

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

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

- Male                       Female

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

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

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

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

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

Fathers E-mail Address \_\_\_\_\_

Mothers E-mail Address \_\_\_\_\_

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

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

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

**Siblings Name**

**Age**

**Present School**

\_\_\_\_\_

\_\_\_\_\_ **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 Separated

Parents Divorced

Mother Remarried

Father Deceased

Mother Deceased

Father Remarried

**Custody of Student**

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

\_\_\_\_\_

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

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

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

Work Email Address \_\_\_\_\_

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

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

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

Work Email Address \_\_\_\_\_

Parents' hobbies and/or interests: \_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills you would consider volunteering to Five Oaks Academy?  
\_\_\_\_\_  
\_\_\_\_\_

Financial responsibility for the student's tuition will be assumed by: \_\_\_\_\_  
List address if different from student's address: \_\_\_\_\_  
\_\_\_\_\_

Names and relationship of any family members who have attended Five Oaks Academy: \_\_\_\_\_  
\_\_\_\_\_

Your child's present school: \_\_\_\_\_  
School address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Teacher/Advisor name: \_\_\_\_\_  
Dates of enrollment: \_\_\_\_\_

Previous School(s): \_\_\_\_\_  
\_\_\_\_\_

Has your child had any specialized tests or evaluations? If so, please list.  

Test/Evaluation	Administered by	Date
_____	_____	_____
_____	_____	_____

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's general health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently receiving any medication? If so, please list.  
\_\_\_\_\_  
\_\_\_\_\_

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 (Print name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

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*Office Use Only:*

*Date application received* \_\_\_\_\_ *Received by* \_\_\_\_\_  
*Application Fee Paid:* \_\_\_\_\_ *Check #* \_\_\_\_\_ *Cash* \_\_\_\_\_