



ENROLLMENT APPLICATION

PLEASE PRINT USING BALL POINT PEN

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APPLICANT INFORMATION

Applicant: _____
(last name) (first name) (middle name) (preferred name)

Grade applying for: _____ For Fall: _____

Date of birth: _____ Age: _____ Gender: Male Female

Home address: _____
(street)

_____ (city) (state) (zip code)

Home phone: (____) _____

Religion: _____ Place of worship: _____

The following is *OPTIONAL* and is used for statistical purposes only. Please check all that apply.

- African American Latino/Hispanic Asian American Multi-racial
 Native American Caucasian Middle Eastern American Pacific Islander American
 Other (please specify) _____

SCHOLASTIC INFORMATION

Applicant's current school/preschool: _____

Dates and grades attended: _____

Please list any other schools the applicant has attended:

School name: _____ Location: _____ For grade: _____ Dates: _____

Has the applicant ever skipped or repeated a grade? Yes No

If yes, please explain: _____

Has the applicant ever been suspended from or asked to leave any school? Yes No

If yes, please explain on a separate sheet of paper.

Has the applicant ever applied to Villa Duchesne and Oak Hill School in the past? Yes No For grade & year: _____

Have any behavioral, psychological, gifted, or special education evaluations of the applicant been completed? Yes No

If yes, please be sure to send a **copy of all reports** with this application. Application is **not complete** until reports have been received.

FAMILY INFORMATION:

Indicate to whom all Admissions communication should be directed: Parents Mother only Father only Guardian

PARENT/GUARDIAN

Mr./Mrs./Dr./Ms.: _____
(circle one) (last name) (first name) (middle name) (preferred name)

E-mail: _____ Cell phone: (_____) _____

Place of employment: _____

Occupation & title: _____ Work phone: (_____) _____

*Please provide the following information **only if different** from the applicant information on preceding page:*

Home address: _____
(street) (city) (state) (zip code)

Home phone: (_____) _____ Religion: _____ Place of worship: _____

PARENT/GUARDIAN

Mr./Mrs./Dr./Ms.: _____
(circle one) (last name) (first name) (middle name) (preferred name)

E-mail: _____ Cell phone: (_____) _____

Place of employment: _____

Occupation & title: _____ Work phone: (_____) _____

*Please provide the following information **only if different** from the applicant information on preceding page:*

Home address: _____
(street) (city) (state) (zip code)

Home phone: (_____) _____ Religion: _____ Place of worship: _____

STEPPARENT (Attach additional page if there are two stepparents.)

Mr./Mrs./Dr./Ms.: _____
(circle one) (last name) (first name) (middle name) (preferred name)

E-mail: _____ Cell phone: (_____) _____

Place of employment: _____

Occupation & title: _____ Work phone: (_____) _____

*Please provide the following information **only if different** from the applicant information on preceding page:*

Home address: _____
(street) (city) (state) (zip code)

Home phone: (_____) _____ Religion: _____ Place of worship: _____

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

Applicant lives with: Parents Mother Father Other: _____
(please specify)

If applicant's parents are divorced, which parent has legal responsibility for:

Custody of student: _____ School bills: _____

Please list the applicant's siblings.

Name:	Date of birth:	Grade:	School attended:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL STATEMENTS (Feel free to attach an additional page.)

Please comment on your reason for seeking admission to Villa Duchesne and Oak Hill School for the applicant.

Please describe the applicant as objectively as possible.
(For example, describe the applicant's special abilities—athletic, artistic, academic, etc.)

If the applicant has parents, grandparents, or siblings who are alumnae/i of Villa Duchesne and Oak Hill School, Barat Hall, City House, Academy of the Sacred Heart, or another Sacred Heart school, please list their names, relationship to applicant, school, and year attended. (It is not necessary to list siblings who are currently enrolled.):

Name:	Relationship:	School:	Year graduated:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOLARSHIPS/FINANCIAL ASSISTANCE

Please visit Admissions at www.vdoh.org for more information about available scholarships and financial aid including downloadable applications and deadlines. If you are interested in financial aid, please contact our Director of Enrollment Management at 314.810.3446.

How did you hear about Villa Duchesne and Oak Hill School?

- Magazine (please specify) _____
- Newspaper (please specify) _____
- Online (please specify) _____
- Other (please specify) _____
- Villa Duchesne and Oak Hill School family (please specify) _____

STATEMENT OF CONFIDENTIALITY

It is the policy of Villa Duchesne and Oak Hill School that all information received regarding an applicant’s application for admission will be treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant’s family.

NOTICE OF NON-DISCRIMINATION POLICY

Villa Duchesne and Oak Hill School does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, admission procedures, financial aid, scholarships, or athletic and other school-administered programs.

SIGNATURES

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

When you submit your application please enclose the following:

- Application
- Release of Information Form
- Copies of all special reports and evaluations
- Application fee of \$50 (non-refundable; check made payable to Villa Duchesne and Oak Hill School)

Return application to:

Admissions Office
Villa Duchesne and Oak Hill School
801 South Spoeede Road
Saint Louis, Missouri 63131-2699
Ph: 314.810.3566
Fx: 314.432.0199



STUDENT TRANSCRIPT RELEASE FORM

FOR APPLICANTS TO
EARLY CHILDHOOD & KINDERGARTEN

Please give this form to your child's current school.

Records must be received directly from the current school through e-mail or US mail.

E-mail to: admissions@vdoh.org
Mail to: Villa Duchesne and Oak Hill School
Admissions Department
801 S. Spoede Road
St. Louis, MO 63131

I/We authorize the release of my/our child's:

- Progress reports and/or report cards
- Attendance records
- Student Recommendation Form

If accepted, I/We authorize release of the full record when transfer occurs.

I/We authorize Villa Duchesne and Oak Hill School to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made.

Applicant's full name: _____
Last First Middle

Applying for grade: _____ Enrolling: _____ Date of birth _____
Month/Year Month/Day/Year

Current school: _____

School address: _____
Street Address City State Zip

School phone: () _____ School fax: () _____

STATEMENT OF CONFIDENTIALITY:

It is the policy of Villa Duchesne and Oak Hill School that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family.

Signature(s) of parent(s) /guardian(s):

Signature Date

Signature Date



STUDENT RECOMMENDATION FORM

FOR APPLICANTS TO EARLY CHILDHOOD & KINDERGARTEN

Parent(s)/Guardian(s): Please submit this form to one of your child's current teachers and ask that it be returned to Villa Duchesne and Oak Hill School.

Teachers: Please keep the original and send a copy of your completed form directly to Villa Duchesne and Oak Hill School at admissions@vdo.org or to the Admissions Department at the address indicated below. This form may be duplicated. If more than one teacher is making the referral additional pages may be submitted.

Applicant's full name: _____ Date of birth: _____
Last First Middle Month/Day/Year

Current school: _____ Grade applying for: _____

School address: _____ Current grade: _____
Street City Zip Code

Person completing this form: _____
Print Name

Signature Date

I have known this child for: _____ Years _____ Months Daytime phone: () _____

The student named above is applying for admission to Villa Duchesne and Oak Hill School. As part of the admission process, we appreciate your cooperation in completing this form. All information received regarding a candidate's referral for admission will be treated with complete confidentiality and is not disclosed to the applicant or to the applicant's family. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to admission and placement decisions.

ACADEMIC DEVELOPMENT	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN
Is attentive				
Concentrates				
Is curious				
Works independently				
Works cooperatively				
Listens in a group				
Willing to try the unknown				
Adjusts to routines and rules				
Exhibits problem solving ability				
Remembers events and information				
Follows directions				
Responds to teacher initiated activities				
Responds to child initiated activities				
Completes tasks				
Focuses on one task				
Moves easily from one task/activity to another				
Is a self starter				
Expresses thoughts clearly				
Enjoys school environment				
Demonstrates language development				

Please comment on academic development; particularly any areas of concern. Narratives are particularly helpful.

PERSONAL DEVELOPMENT	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN
Exhibits self esteem				
Exhibits confidence				
Exhibits self control				
Accepts responsibility for behavior				
Stands up for rights				
Solves problems constructively				
Accepts limits				
Is considerate				
Cooperates				
Plays cooperatively with peers				
Finds ways of entering group play				
Respects rights and property of others				
Respects needs of others				
Supports peers				
Shares				
Takes turns				
Is able to make choices				
Willing to try new activities				
Makes transitions				
Responds positively to constructive criticism				
Initiates play activities				
Is imaginative				
Is able to lead				
Is able to follow				
Is comfortable with adults				
Is responsive to adults				
Is respectful of adults				

Please comment on personal development; narratives are particularly helpful. _____

PHYSICAL DEVELOPMENT	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN
Small motor control and coordination				
Large motor control and coordination				
Speech development (articulation)				

Please identify any special needs, including auditory and visual development: _____

Child's attendance: regular frequent absences frequent tardiness

Are the parents aware of any concerns you have noted in this form? yes no

Please comment on the parents' support of the child's learning and their cooperation with the school: _____

We welcome any other information which you believe would be helpful. Please include comments concerning any special needs of this child and/or family. _____