



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 GRADES 5-12

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:

- Grades from the past two school years and the current school year
- Aptitude and achievement test scores
- Interpretation of grading system
- Psychological and special needs testing results
- Attendance and disciplinary 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 GRADES 5-12

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@vdoh.org or to the Admissions Department at the address indicated below. This form may be duplicated. If more than one teacher is writing a recommendation, additional pages may be submitted.

Applicant's full name: _____
Last First Middle

Applicant's current school: _____ Current grade: _____

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.

If you would prefer to discuss the applicant by phone rather than completing this form, please check the box below, sign, and return this form with your telephone number(s). A representative from the admissions office will contact you. I would like to discuss the applicant personally rather than completing this form.

Best time to call: _____ Contact number(s): _____

Person completing this form: _____
Print Name

Signature Date

My relationship with this student has been that of (check all that apply):

- School Counselor School Administrator Other (please specify) _____
 Teacher (please specify subjects and grade level) _____

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

If you are the teacher, how large is the class in which you teach the student? _____

Describe your course, materials and textbooks used. _____

The items that follow ask for your sense of this student's relationship within the school community, emotional and social growth, and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly growing, changing, and developing. The information you provide will be kept in strictest confidence and used only by the admission committee.

What are the first three words or phrases that come to mind when describing this student?

1. _____ 2. _____ 3. _____

What are the student's special interests or abilities?

We would appreciate your comments and observations concerning the strengths, weaknesses, learning style, health, behavior, or special needs of this student. Feel free to submit any additional material if necessary. _____

Please comment on the parent(s)/guardian(s) support of the child's learning and the adult cooperation with the school. _____

Please comment on the student's character, citizenship, and contributions to your school community. _____

Please rate this student compared to other students you have taught on the scale below as it relates to each category listed. This form may be duplicated if more than one teacher wishes to complete this scale.

ACADEMIC QUALITIES	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Motivation to learn						
Intellectual curiosity						
Ability to work in a group						
Ability to work independently						
Organizational skills						
Work habits						
Creativity						
Class preparation						
Class participation						
Academic promise						
Academic achievement						
Effort/determination						
Overall evaluation as a student						

PERSONAL QUALITIES	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Work Ethic						
Conduct						
Consideration for others						
Relationships with peers						
Relationships with adults						
Respect accorded by peers						
Respect accorded by faculty						
Emotional maturity						
Self-confidence						
Sense of humor						
Integrity/Honesty						
Sense of responsibility						
Leadership skills						