



OAK HALL SCHOOL
SCHOLARSHIP · LEADERSHIP · SERVICE

1700 SW 75th Street, Gainesville, FL 32607 | (T) 352.332.3609 | (F) 352.332.4975 | www.oakhall.org

APPLICATION FOR ADMISSION
Grades 6-12

Grade Applying _____ Year _____

Student Information

Student Legal Name (First Middle Last): _____

Nickname or Name Student prefers to be called: _____

Parent Mailing Name (Mr. & Mrs. John & Jane Doe): _____

Street: _____

City: _____

State: _____

Zip Code: _____

Home Phone (xxx-xxx-xxxx): _____

Student Date of Birth: Month _____ Day _____ Year _____

Student Gender: _____

Student Email: _____

Student Telephone (xxx-xxx-xxxx): _____

Parent/Guardian Information (ALL parents/guardians must be listed)

Parent/Guardian 1

Relationship to applicant:

Aunt Father Grandfather Grandmother Guardian Mother Step-Dad Step-Mom Uncle

Salutation:

Dr. Honorable Miss Mr. Mrs. Ms. Professor

First Name: _____ Last Name: _____ Suffix: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone (xxx-xxx-xxxx): _____ Cell Phone (xxx-xxx-xxxx): _____

Office Phone (xxx-xxx-xxxx): _____ Office Phone Ext. _____

Primary E-mail Address: _____ Alternate E-Mail Address: _____

Occupation: _____ Employer: _____

Employer Address: _____ Is your employer a matching gift participant: Yes No

Parent/Guardian 2

Relationship to applicant:

 Aunt Father Grandfather Grandmother Guardian Mother Step-Dad Step-Mom Uncle

Salutation:

 Dr. Honorable Miss Mr. Mrs. Ms. Professor

First Name: _____ Last Name: _____ Suffix: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone (xxx-xxx-xxxx): _____ Cell Phone (xxx-xxx-xxxx): _____

Office Phone (xxx-xxx-xxxx): _____ Office Phone Ext. _____

Primary E-mail Address: _____ Alternate E-Mail Address: _____

Occupation: _____ Employer: _____

Employer Address: _____ Is your employer a matching gift participant: Yes No**Siblings**

Sibling Name (First Middle Last): _____

Sibling's Age: _____ Sibling's Grade: _____ Sibling's School: _____

2nd Sibling's Name (First Middle Last): _____2nd Sibling's Age: _____ 2nd Sibling's Grade: _____ 2nd Sibling's School: _____3rd Sibling's Name (First Middle Last): _____3rd Sibling's Age: _____ 3rd Sibling's Grade: _____ 3rd Sibling's School: _____4th Sibling's Name (First Middle Last): _____4th Sibling's Age: _____ 4th Sibling's Grade: _____ 4th Sibling's School: _____**Emergency Contact**

Emergency Contact #1 Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #2 Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Information

List all allergies. If none, type n/a: _____

List all medications. If none, type n/a: _____

Does the applicant have any chronic illness or condition of which the school should be aware? (Hearing, Vision, Diet). If none, type n/a: _____

Contact Authorization

I give permission for OHS to contact my child's current and previous schools should additional information be necessary in the admissions process.

Printed Name: _____

Signature: _____

Current School

Student's Current Grade: _____ Current School (if none, type n/a): _____

Street: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Previous School

Previous School (if none, type n/a): _____

Street: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____ Grades attended: _____

Additional Information

Please describe applicant's participation, interests, abilities in extracurricular activities such as music, drama, art, sports, etc:

Course Information

List last world language, science and math courses taken beginning in Grade 6. If none, please indicate.

Supporting Documents

The Admission Office will need to receive the following supporting documents by February 19, 2021 in order to complete the student's application file before review by the admissions committee:

- Report Card (most recent and prior year final report)
- Achievement Test Scores from previous 2 years (ie Iowa Test Scores, FSAs, etc.)
- Discipline/Behavior Report from current school year
- Educational Testing Report (if applicable)
- Math Teacher Recommendation Form
- English Teacher Recommendation Form
- Principal/Counselor Recommendation Form
- Two non-academic letters of recommendation (letters should be returned to Nancy Coleman in a sealed, signed enveloped: Oak Hall School, Attn: Nancy Coleman, 1700 SW 75th Street, Gainesville, FL 32607)
- Copy of birth certificate, immunization form (DH Form 680), and school health entry exam (DH Form 3040)

Acknowledgement

With submission of this application, I authorize the release of all official academic records from previous schools attended, upon enrollment at OHS. (Complete transcripts-including, but not limited to, end of the year report cards, standardized test scores, discipline/behavior reports, Ed. Psych. Evaluation, Speech/Language or any other formal accommodation plan and grades through the end of last marking period.) Yes No

I verify that the information in this application is correct and acknowledge that if any information is missing, misleading, or incorrect, Oak Hall School has the right to rescind my child's application or enrollment into Oak Hall School.

Parent/Guardian Signature: _____

Date Signed: _____