



SUMMER LEAD APPLICANT INFORMATION

First Name	Middle	Last	Preferred Name or Nickname	Gender
Address				
City	State	Zip	Country	
Telephone	Date of Birth	Age		
Country of Birth	Country of Citizenship		Languages spoken in the home	
Applying for	<input type="checkbox"/> Summer Session 1 <input type="checkbox"/> Summer Session 2 <input type="checkbox"/> Summer Session 3		Entering Grade	Type of Student
			<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Boarding <input type="checkbox"/> Day
How did you learn of Oakdale?				

ENROLLING PARENT(S) / GUARDIAN(S)

Father/Stepfather/Other			Mother/Stepmother/Other		
Relationship to student			Relationship to student		
Address (if different)			Address (if different)		
City	State	Zip	City	State	Zip
Phone	Cell		Phone	Cell	
Email			Email		
Employer			Employer		
Occupation			Occupation		
Business Phone			Business Phone		
Student lives with:					
<input type="checkbox"/> Father and mother		<input type="checkbox"/> Mother		<input type="checkbox"/> Stepmother/father	
<input type="checkbox"/> Father		<input type="checkbox"/> Stepfather/ mother		<input type="checkbox"/> Other (specify) _____	
Primary contact person for this student: _____					
If parents are separated or divorced, who has legal custody? _____					
Any specific restrictions? _____					

EMERGENCY CONTACT INFORMATION (different from parent(s) or guardian(s) listed above)

Emergency Contact Name	Emergency Contact Name
Relationship	Relationship
Emergency Contact Phone	Emergency Contact Phone

Name of Student _____

FINANCIAL RESPONSIBILITY

Please print name of person financially responsible _____

_____ Relationship to applicant _____

Will you be applying for financial aid? Yes No

If you require financial assistance, fill out the TADS forms as soon as possible so we can process the application.

Please refer to our TADS forms on our website: <http://www.oakdalechristian.org/u-s-boarding-student-application-resources>. Signature _____ SSN _____

SCHOOL INFORMATION

Present school		Years attended	
<input type="checkbox"/> Independent		<input type="checkbox"/> Public	<input type="checkbox"/> Parochial <input type="checkbox"/> Homeschooled
School Address			
City	State	Zip	Phone
Previous school attended		Years attended	
Previous school attended		Years attended	

**A NON-REFUNDABLE \$30 APPLICATION FEE
IS DUE WITH THIS APPLICATION.**

PLEASE ALSO ATTACH A RECENT PHOTO OF THE APPLICANT.



STUDENT QUESTIONNAIRE

The student applicant should complete this form using a pen in his/her own handwriting, and with no assistance.

Name: _____ Applying for Grade: _____

WE WANT TO KNOW WHO YOU ARE. IF YOU ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AND COMPLETELY AS YOU CAN, TOGETHER WE CAN MAKE A GOOD DECISION ABOUT ENROLLING YOU AT OAKDALE.

What classes do you find most interesting? _____

What subjects do you find to be difficult? _____

What extracurricular and after-school activities do you enjoy? _____

List any school, community, or church activities in which you have participated. If you have received any special recognition for any of these, please describe. _____

What are your goals after high school? _____

Are you a Christian? Yes No

Briefly, explain what you believe it means to be a Christian. _____

Do you attend church? Yes No Do your parents attend church with you? Yes No

Indicate your level of desire to attend Oakdale Christian Academy by completing the phrase, "I am _____."
 Excited Interested Undecided Unwilling

Please explain why you have this expectation and what you hope to gain from this experience.

What has been your involvement with tobacco, alcohol, or other drugs? (Please be specific, including past and present experiences) _____

On what websites do you have personal profiles listed or blogs posted (please provide website addresses)?

Are you willing to follow all of the rules of Oakdale Christian Academy and to cooperate wholeheartedly? Yes No

- I have completed this form as completely and honestly as possible.
- I have read the student handbook completely.
- If accepted into Oakdale Christian Academy, I will agree to follow the rules as outlined in the handbook.
- I want to be a part of the Oakdale student body.

Signature _____ Date _____



PARENT / GUARDIAN CONSENT AND AGREEMENT

2016-2017

Student Name: _____ Date of Birth: _____

INTERNET USE: I understand that use of the Internet may be required for some class assignments and give my consent for the student I am enrolling to use the Internet as an academic resource. Beyond its role as an academic resource, the Internet is utilized as an earned privilege for communication with family and friends. Please indicate below your consent for the enrolling student by checking the appropriate box:

- I grant permission for the student I am enrolling to use the Internet for non-academic purposes such as communication (e.g., email, social networking, etc.).
- I do not grant permission for the student I am enrolling to use the Internet for non-academic purposes such as communication (e.g., email, social networking etc.).

PUBLICITY: I understand that funding for the school and financial aid is made available because of donations by supporters who consider the mission of Oakdale Christian Academy to be important, and I give my consent for Oakdale to use photography and video of school activities that include the student I am enrolling in promotional material. The student may also participate in speaking and providing public statements or letters of thanks as part of Oakdale public relations. _____ **Initial here**

RECREATION/TRIPS/TRANSPORTAION: I agree that extracurricular activities are a vital part of a well-rounded boarding school program. I give my consent for my child to participate in sports and recreational activities sponsored by Oakdale Christian Academy and absolve the school from any liability if injury should occur. I understand that some outdoor recreational activities may include hiking, canoeing, camping, rock-climbing, rappelling, and caving. I understand that safety precautions will be taken and that such activities will be supervised by staff with experience in these activities. I give my permission for the student to participate in off-campus overnight activities arranged and supervised by Oakdale. _____ **Initial here**

BEHAVIOR POLICIES: I will support the policies of the school as expressed in the handbook and will encourage my child to live up to the behavioral expectations of the school. _____ **Initial here**

PERSONAL ELECTRONICS POLICY: I recognize that the use of electronic equipment (cell phones, laptop computers, digital cameras, digital music devices, translators, etc.) in violation of the electronic equipment policy will result in the permanent loss of the equipment. In sending any electronic equipment with the enrolling student, I am trusting his/her judgment in the use of these items and recognize that misuse will result in confiscation. _____ **Initial here**

I/we will continue to support the rules and policies of Oakdale Christian Academy and work in cooperation with the school staff to encourage my/our child to be successful at Oakdale.

Signature of Parent or Legal Guardian _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____



MEDICAL INFORMATION

2016-2017

Student's Name _____ Sex ____ DOB ____/____/____ SSN# ____-____-____

Parent/Guardian responsible for medical treatment: _____

Parent Address _____

Parent SSN: ____-____-____ Parent's date of birth _____

Work Phone _____ Home Phone _____

Emergency contact other than parent/guardian _____

Work Phone _____ Home Phone _____

Please submit the following items with this form (required every term):

- 1. Current Immunization Certificate: up-to-date and signed by your child's doctor or your local health department
- 2. Copy of your child's medical insurance card (front & back)

Health Insurance Information

Does the student have health insurance? Yes No

Name of insurance company? _____ Phone Number _____

Policy Number _____ Group Number _____

Name of insured parent/guardian _____ SSN of insured ____-____-____

Is prior approval required for treatment? _____ If yes, phone number _____

Is there a certain doctor or health clinic in Jackson, KY that accepts your insurance? _____

Consent for Medical Treatment

I, the undersigned parent/legal guardian of _____, a minor, give my consent for Oakdale Christian Academy staff to secure medical services including diagnosis and treatment in case of illness or injury. I agree to assume all financial responsibility for such services.

I also give my consent for any x-ray examination, anesthetic, medical or surgical diagnosis and/or treatment, and hospital care to be rendered to my child under the supervision and on the advice of a licensed medical professional; and for anesthetic, dental or surgical diagnosis and/or treatment, and hospital care to be rendered to my child by a licensed dentist.

I give consent for the exchange of pertinent medical/dental/surgical information to Oakdale Christian Academy and any medical personnel involved in the care and treatment of my child and give permission for Oakdale Christian Academy to obtain copies of medical records when they are pertinent to the continuing care of my child.

It is understood that consent is given in advance of any specific diagnosis or treatment. It is given to encourage Oakdale Christian Academy and the attending physician or dentist to exercise their best judgment concerning diagnosis and treatment.

I authorized Oakdale Christian Academy power of consent for all matters related to keeping immunizations up-to-date, including signing for any required immunizations.

This consent shall remain effective as long as my child is a student at Oakdale Christian Academy.

Signature _____ Date _____

I give permission to Oakdale staff to administer over-the-counter medications to my child to address occasional symptoms such as headaches, cough, congestion, sore throat, upset stomach, and other minor injuries.

Signature _____ Date _____



HEALTH HISTORY – To be completed by parent / guardian on an annual basis

2016-2017

Student Name _____ Date of Birth _____

Please list any significant family medical history _____

Does student have any allergies including food and drug allergies? Yes No

Please list _____

Check any of the following conditions that the student has had in the past and/or currently has:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Joint/Muscle Pain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Menstrual Pain | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Frequent/Severe Headaches | |

Please explain any above conditions _____

List (give dates) of hospitalizations (including mental health and substance abuse treatment), operations, serious illnesses, serious injuries, etc. _____

Are there any restrictions to physical activity/physical education classes? Yes No

If yes, please explain _____

Is the student currently under a doctor’s care? Yes* No If so, what for?

***If student takes medication on a routine basis, they must be under a doctor’s care.**

Does student take any prescription medication or over-the-counter medications on a routine basis? Yes* No

If Yes, the Permission to Administer Medication form must be completed upon any change in meds.

Please make sure your child has an annual dental check-up as well as a well-care visit with their primary physician.

Date of last dental visit _____ Name of Dental Provider _____

Date of last visit with primary care physician _____

Doctor’s Name, Address & Phone Number: _____

Parent Name _____ Signature _____ Date _____



PERMISSION TO ADMINISTER MEDICATION- To be completed by parent/guardian on an annual basis.

In order for school personnel to administer any prescription medication or over the counter medication on a routine basis to students we must have this form completed and signed by either the student's parent/guardian or doctor. Only medication in the original container with clear instructions will be administered to students. All medication will be kept locked up with school personnel unless a doctor authorizes that a student must carry a medication at all times.

Please list below current medications and purposes.

Medication	Dosage	Time of Day	Purpose	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Potential reactions or side effects (please list medication and potential side effects):

Does the student need to carry any of these medications at all times?

No ___ Yes ___

Name of Medication _____

Doctor's Signature (if Yes) _____

Doctor's Name, Address & Phone Number:

I hereby request school personnel from Oakdale Christian Academy to give the above medication to _____ (student's name).

- It is the parent's responsibility to make sure that prescription refills are sent to OCA as needed.
- Ongoing medications must be monitored by the student's physician.
- A new Permission to Administer Medication must be completed with any change in medication.

Parent Name _____ Signature _____ Date _____



Note to Parent: Your physician will need an up-to-date immunization record to complete this form.

PHYSICAL EXAMINATION (To be completed by student's physician or primary healthcare provider.)

Student Name _____ Date of Birth _____

Date of Exam _____ How long have you attended this person? _____

_____ Height _____ Weight _____ Temperature _____ Pulse

_____ Blood Pressure _____ Vision _____ Hearing

NORMAL		ABNORMAL	REMARKS
_____	Face and skin	_____	
_____	Eyes	_____	
_____	ENT	_____	
_____	Teeth	_____	
_____	Neck, thyroid	_____	
_____	Lymph nodes	_____	
_____	Chest	_____	
_____	Heart	_____	
_____	Lungs	_____	
_____	Abdomen	_____	
_____	Hernia	_____	
_____	Extremities	_____	
_____	Neurological	_____	

Are all required immunizations up-to-date (physician verification is required for enrollment)? _____

When is(are) next shot(s) due? _____

Describe any abnormality including emotional disturbances which should be known to OCA personnel.

Is there any reason to suspect that this student has been involved with drug or alcohol abuse? _____

Are there any restrictions to physical activity/physical education classes? _____

If yes, please explain _____

Do you have any concerns about this student being away from home in a boarding school environment?

If you wish OCA personnel to continue with some medications or treatments you have been giving, please attach your orders.

Physician's signature _____

Physician's name (please print) _____

Physician's address _____

Physician's phone _____ Physician's fax _____

**MUST ATTACH CURRENT IMMUNIZATION CERTIFICATE
 SIGNED BY DOCTOR OR HEALTH DEPARTMENT**



PROFESSIONAL RECOMMENDATION FORM

Applicant's Name: _____

PARENTS, INDICATE YOUR RESPONSE TO THE FOLLOWING STATEMENT.

I do do not waive my rights to review these documents as part of the educational records in accordance with FERPA (Family Educational Records Protection Act).

This form should be completed by a pastor, teacher, counselor, or other professional who has recently worked with the student. This form may not be completed by a family member or a friend of the family.

Oakdale Christian Academy is a boarding and day school that provides quality college-preparatory education in a small, structured, nurturing environment for students who desire an opportunity to grow academically, spiritually and socially. This information will be used only in a professional manner in order to best meet the needs of the student.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT. RATHER, MAIL IT DIRECTLY TO OAKDALE CHRISTIAN ACADEMY AT THE ADDRESS PRINTED AT THE END OF THIS FORM.

Your name (please print) _____ Phone _____

Address _____

Job title _____

How long have you known the applicant and in what capacity? _____

Please circle the appropriate number to describe the applicant:

	Below Average				Average				Above Average		
General Personality	1	2	3	4	5	6	7	8	9	10	
Appearance	1	2	3	4	5	6	7	8	9	10	
Helpfulness	1	2	3	4	5	6	7	8	9	10	
Emotional Stability	1	2	3	4	5	6	7	8	9	10	
Sociability	1	2	3	4	5	6	7	8	9	10	
Resourcefulness	1	2	3	4	5	6	7	8	9	10	
Integrity	1	2	3	4	5	6	7	8	9	10	
Cooperativeness	1	2	3	4	5	6	7	8	9	10	
Leadership	1	2	3	4	5	6	7	8	9	10	
Work Habits	1	2	3	4	5	6	7	8	9	10	
Moral Stability	1	2	3	4	5	6	7	8	9	10	
Accepts Correction	1	2	3	4	5	6	7	8	9	10	
Honesty	1	2	3	4	5	6	7	8	9	10	

Comments: _____

Name of Student _____

Please check the applicant's primary interests (as you know them).

_____ Artistic	_____ Social	_____ Athletic	_____ Literary
_____ Dramatic	_____ Musical	_____ Scientific	_____ Religious

Can you describe any honors won or achievements accomplished by the applicant? _____

To your knowledge, is the applicant in good health? _____

To your knowledge, does the applicant use or has the applicant used the following in any form?

_____ Tobacco	_____ Drugs	_____ Alcohol
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If yes, please elaborate _____

Give your knowledge concerning the family and social background of the applicant. _____

Taking into account the ability and personal qualities of the applicant and the standards of a Christian school, please check the appropriate statement.

In terms of the applicant's intellectual ability:

_____ I recommend this applicant
 _____ I recommend this applicant with reservations
 _____ I do not recommend this applicant

In terms of the applicant's personal characteristics:

_____ I recommend this applicant
 _____ I recommend this applicant with reservations
 _____ I do not recommend this applicant

If you recommend this applicant with reservations, please explain. _____

Please use this space for any additional comments or information concerning the applicant. _____

Signed _____

Date _____

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