



PARENT/ GUARDIAN QUESTIONNAIRE

Applicant's Name _____

Name of person completing this questionnaire _____

Relationship to student _____

The following questions will give us a better understanding of your child. Please answer these questions as frankly and honestly as you can so that, together, we can make a good decision about your child enrolling at Oakdale.

Regarding care of clothes, room, books, etc., my child generally is tidy needs reminding is careless.
What household chores does he/she do regularly? _____

What is your teenager's curfew? School nights _____ Weekend nights _____

How much spending money does your child receive each week? _____

Are his/her friends generally older, younger, or the same age? _____

Are his/her friends drawn mostly from the church, school, or somewhere else? _____

Do the closest friends come from homes with standards similar to yours? _____

How many times during the past year has your child had a boyfriend/girlfriend? _____

How would you describe your child's peer relationships? _____

How does your child respond to authority at home? And other places? _____

How many times has he/she changed schools since the first grade? Explain the circumstances. _____

To what significant changes has he/she had to adjust? Please describe his/her adjustment. (i.e., death, divorce, major accident, illness, frequent moves) _____

If your child is adopted, what was his/her age of adoption? _____

If he/she has been without one or both parents, at what age did this occur? _____

Please explain. _____

If your child is presently living with a step-parent, how long has he/she been with this person? Describe the relationship. _____

List any brothers and/or sisters with ages (please indicate if these are living at home): _____

If your child has a parent who does not live with him/her, please describe the relationship that your child has with that parent. _____

What have been your child's best grades? (what classes and when) _____

Do you believe that your child has lived up to his/her academic potential? _____

If your child's grades have dropped, to what do you attribute it? _____

Has your child ever participated in counseling or mental health treatment? Yes No

If so, please explain; list any outpatient counseling, inpatient evaluations or psychiatric hospitalizations.

Please describe any special circumstances regarding your child including all suspensions, expulsions, court orders, legal involvement, major surgeries, physical disorders, hospitalizations, out-of-home placements or any other information that will help us understand your child's needs. _____

Has your child received any specialized education services? If so, please describe. _____

Has your child been involved with tobacco, alcohol or other drug use? Yes No

If so, please describe. _____

Why do you want your child to attend Oakdale? _____

On what websites does your child have personal profiles or blogs posted (please provide website addresses)?

We/I have read the Oakdale Christian Academy Handbook, will support the policies of the school as expressed in the handbook, and encourage our/my child to live in accordance with the policies of the school.

We/I have requested academic and behavioral records to be forwarded to Oakdale Christian Academy.

Parent Signature _____ Date _____

Parent Signature _____ Date _____



PARENT / GUARDIAN CONSENT AND AGREEMENT

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/TRANSPORTATION: 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, as stated in the Student Handbook, 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 and permanent loss. _____ **Initial here**

Signature of Parent or Legal Guardian _____ Date _____

Signature of Parent or Legal Guardian _____ 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 _____



MEDICAL INFORMATION AND PERMISSION FOR TREATMENTS

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

Parent/Guardian responsible for medical treatment _____

Parent's Address _____

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

Work phone _____ Home phone _____

Emergency contact other than parent/guardian _____

Work phone _____ Home phone _____

Please submit the following with this form:

- Current Immunization Certificate: up-to-date and signed by your child's doctor or your local health department
- 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 this 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 between 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 _____



Name of Student _____

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 _____

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, or upset stomach and minor injuries.

Parent Name _____ Signature _____ Date _____