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**APPLICANT INFORMATION**


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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"/> Fall	<input type="checkbox"/> Spring	Year	Applying for Grade
	<input type="checkbox"/> Summer			<input type="checkbox"/> 7
				<input type="checkbox"/> 8
				<input type="checkbox"/> 9
				<input type="checkbox"/> 10
				<input type="checkbox"/> 11
				<input type="checkbox"/> 12
			Type of Student	<input type="checkbox"/> Boarding
				<input type="checkbox"/> Day
How did you learn about Oakdale?				

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**ENROLLING PARENT(S) / GUARDIAN(S)**


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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"/> Father	<input type="checkbox"/> Stepfather/ Mother
	<input type="checkbox"/> Stepmother/Father
	<input type="checkbox"/> Other (specify) _____
Primary contact person for this student: _____	
If parents are separated or divorced, who has legal custody? _____	
Any specific restrictions? _____	

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


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

**FINANCIAL RESPONSIBILITY**

Please print the name of the person financially responsible \_\_\_\_\_ Relationship \_\_\_\_\_

If person financially responsible is not the parent/guardian, please fill in the necessary information:

Address (if different)	City	Province/State/Region	Postal Code
Country	Home Phone/Cell		E-mail
Employer	Occupation	Business Phone	

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.**