



APPLICATION FOR ADMISSION
HIGH SCHOOL & MIDDLE SCHOOL
1101 E. 9th Street, Edmond, Oklahoma, 73034 (405) 844-6478

STUDENT NAME _____ Last 4 Digits of Social Sec. # _____

STUDENT EMAIL _____

Date of Birth _____ Ethnicity _____ Sex _____

Home Address _____ City _____ Zip _____

Home Phone _____ Application for which Grade _____

FATHER'S NAME _____ Living _____ Deceased _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ Church You Attend _____ Member? (circle one) Y or N

MOTHER'S NAME _____ Living _____ Deceased _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ Church You Attend _____ Member? (circle one) Y or N

MARITAL STATUS OF PARENTS: Married___ Separated___ Divorced___ Widowed___

If separated or divorced, who has custody of the child(ren)? _____

If remarried, fill out appropriate sections below:

STEPFATHER'S NAME _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ Church You Attend _____ Member? (circle one) Y or N

STEPMOTHER'S NAME _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ Church You Attend _____ Member? (circle one) Y or N

Brothers & Sisters **Age** **School Attending** **Grade** **Applying for Admission?**

Grandparents **Address** **City** **State** **Zip**

Name's) of School's) Attended **City/State** **Dates Attended** **Grade** **Reason for leaving**

Medical/Permission Information

Physician's Name _____

Allergies: _____

Medication: _____

Medical needs that may need special attention: _____

Permission to Administer Tylenol: _____ Give Tylenol; _____ Do Not Give Tylenol; _____ Dosage (if less than bottle directions)

agree that neither the school nor its employees are liable for any illness resulting from administering the dosage noted on the

Student Background Survey (circle Yes or No)

- | | | |
|---|-----|----|
| 1. Has applicant ever been suspended or expelled from any school? | Yes | No |
| 2. Has applicant ever been assigned to an alternative learning center? | Yes | No |
| 3. Has applicant been declared ineligible to re-enroll at any school? | Yes | No |
| 4. Has applicant ever been tested or treated for any of the following: | Yes | No |
| 5. Attention Deficit Disorder (ADD) | Yes | No |
| 6. Attention Deficit Hyperactivity Disorder (ADHD) | Yes | No |
| 7. Speech or Language Difficulty | Yes | No |
| 8. Emotional or Behavioral Problems | Yes | No |
| 9. Vision Problems | Yes | No |
| 10. Hearing Problems | Yes | No |
| 11. Any other Learning Disability | Yes | No |
| 12. Has applicant ever been in consultation with a counselor for any reason? | Yes | No |
| 13. Has applicant ever been charged with selling, possessing, or using illegal drugs or controlled substances? | Yes | No |
| 14. Has applicant ever been accused of or involved in the illegal possession of a dangerous weapon? | Yes | No |
| 15. Has this applicant ever had his/her driver's license suspended or revoked or been charged with Driving While Intoxicated, Driving Under the Influence or Minor in Possession? | Yes | No |
| 16. Has applicant ever been arrested or convicted by any civil authorities, including juvenile courts? | Yes | No |
| 17. If transferring from a private school, is applicant's account delinquent? | Yes | No |

Please explain any "Yes" answer from above on a separate sheet of paper.

Permission for Pick-up (Name/Relationship)

Not Allowed to Pick-up If court ordered, legal documentation must be attached to application)

Emergency Contacts--Other Than Parents--Include Cell Phone #

