

Oak Hill Academy Admissions Application



PLEASE ATTACH A RECENT PHOTO
OF YOUR CHILD WITH THIS FORM

Name of Child/Applicant _____ Date of Application _____

Age _____ Date of Birth _____ Gender _____

Current school _____ Current grade level _____

Child's current diagnosis: (List all that apply below) Date of latest Diagnostic Evaluation: _____

Name of diagnostician/s: _____

Please specify the primary concerns for your child:

Circle therapies your child is currently participating in: OT Speech PT Other

List name/s of therapist/s currently working with your child:

Please describe your child's strengths and weaknesses: (Use the back of this form if necessary.)

Strengths _____

Weaknesses _____

Please list past and existing medical conditions? _____

List all prescription medications your child takes on a regular basis:

Is there any history of learning differences or developmental delays in your family? If so, please explain.

Has your child applied to any other learning different schools in the area? If so, please list the school/s below and the status of the application process:

Will you be applying for Financial Aid?

Yes

No

Maybe

Parent/Guardian/Family Information

***Parent/Guardian Name** _____ Address _____

City, State, Zip _____

Home Phone _____ Cell/Work Phone _____

Marital/Relationship Status _____

Level of Education _____ Employer _____

Position _____ Unemployed Stay-at-home parent Retired

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City, State, Zip _____

Home Phone _____ Cell/Work Phone _____

Marital/Relationship Status _____

Level of Education _____ Employer _____

Position _____ Unemployed Stay-at-home parent Retired

Siblings/Step-Siblings:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

***If you are not the Parent and/or Legal Guardian of this applicant, please provide the following:**

Your Name _____ Relationship to child _____

Please explain your reason for completing this application instead of the parent and/or legal guardian:

By signing below I/we acknowledge all information disclosed on this form to be truthful and lawfully accurate, and individuals listed as "Parent/Guardian" currently retain legal rights pertaining to educational decisions for this child.

**If special circumstances regarding legal guardianship exist, please explain: (Information confidential)*

Signature/s Required

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

***Please return this form with the \$150.00 Application Fee to:
OHA Admissions Department ~ 9407 Midway Road ~ Dallas, Texas 75220***