



Oak  
Hill

Christian School

PO BOX 277  
OXFORD, MA 01540  
508-987-0287

**For Office Use Only**

- \_\_\_\_ Pastor Recommendation form
- \_\_\_\_ Copies of Academic Records
- \_\_\_\_ Copies of Medical records
- \_\_\_\_ Signed Authorization form
- \_\_\_\_ Application Fee
- \_\_\_\_ Registration Deposit
- \_\_\_\_ Signed Statement of Faith

**APPLICATION FOR ADMISSION**

*All information must be provided for this application to be considered. Please print clearly.*

Student \_\_\_\_\_ Applying for Grade \_\_\_\_\_ For Term Beginning \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(month/day/year)

1. Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_  
(home) (cell) (work)

Occupation \_\_\_\_\_ Email \_\_\_\_\_

2. Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_  
(home) (cell) (work)

Occupation \_\_\_\_\_ Email \_\_\_\_\_

3. What is the marital relationship in your home? Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Natural & Step Parent

4. Is the student living with at least one parent? \_\_\_\_\_  
If yes, please list any other adults living in the home: \_\_\_\_\_

\_\_\_\_\_  
If no, with whom is student living (grandparent, guardian, uncle, etc.) \_\_\_\_\_

5. If parents are divorced or separated, who has legal physical custody of the student?  
\_\_\_\_\_

(Please provide appropriate legal documentation.)

6. Please list schools previously attended *(If applicable)*

<i>Name</i>	<i>Address/City/State/Zip</i>	<i>Dates</i>	<i>Grades Completed</i>
_____	_____	_____	_____
_____	_____	_____	_____

7. Behavior in school(s) previously attended has been:  
 \_\_\_Excellent \_\_\_Very Good \_\_\_Good \_\_\_Fair \_\_\_Poor

8. Grades have been: *(Please provide a current copy of the student's academic records)*  
 \_\_\_Excellent \_\_\_Very Good \_\_\_Good \_\_\_Fair \_\_\_Poor

9. Has the student ever been: *(If yes, please give particulars)*  
 \_\_\_Suspended \_\_\_Expelled \_\_\_Asked to withdraw

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Has student ever failed a grade?\_\_\_\_\_ If yes, state, grade, date and reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Has student ever been identified as having ADHD, ODD, speech or learning disabilities?\_\_\_  
 Does your child have an IEP or a 504 plan? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Why is the student withdrawing from his/her present school?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What is your reason for selecting Oak Hill

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Does the applicant have any medical concerns about?\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Are you a member or regular attender of \_\_\_\_\_

If yes, \_\_\_\_\_

*Name of Church/Parish*

\_\_\_\_\_

*Address* *City*

\_\_\_\_\_

*Pastor's Name*

16. Please list two character references: *(Please*

\_\_\_\_\_

*Name* *Address/City/State/Zip*

\_\_\_\_\_

*Name* *Address/City/State/Zip*

**Note:** Oak Hill Christian School's biblical role is to be Christ-like. Of necessity, this involves the school's characteristics exemplify a Christ-like life. The school will refuse admission of an applicant or to discontinue conduct within a particular home or the activities of the biblical lifestyle the school teaches. A full explanation of the school's biblical role is available upon request.

I have read the above statement and agree to abide by the school's policies.

**Please include your non-referral letter with this copy**

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13. What is your reason for selecting Oak Hill Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does the applicant have any medical conditions (allergies, etc.) that the school should know about? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Are you a member or regular attender of a Church or Parish? \_\_\_\_\_  
If yes, \_\_\_\_\_  
*Name of Church/Parish* *Denomination*  
\_\_\_\_\_  
*Address* *City/Town* *State* *Zip Code*  
\_\_\_\_\_  
*Pastor's Name* *Phone*

16. Please list two character references: *(Please choose individuals who know you well. No more than 1 family member.)*  
\_\_\_\_\_  
*Name* *Address/City/State/Zip* *Phone*  
\_\_\_\_\_  
*Name* *Address/City/State/Zip* *Phone*

**Note:** Oak Hill Christian School's biblical role is to work in conjunction with the home to mold students to be Christ-like. Of necessity, this involves the school's understanding and belief of what qualities or characteristics exemplify a Christ-like life. The school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the biblical lifestyle the school teaches. A full explanation is provided in the Parent-Student handbook.

I have read the above statement and agree to abide by it: \_\_\_\_\_

**Please include your non-refundable application fee along with this completed form.**

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**FAMILY INTERVIEW**

Date: \_\_\_\_\_

Those Attending: \_\_\_\_\_

Notes from Interview: \_\_\_\_\_

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Notes from Character References: \_\_\_\_\_

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Special Considerations: \_\_\_\_\_

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Student is recommended: \_\_\_\_\_ is not recommended: \_\_\_\_\_ for admission.

If not recommended, reason: \_\_\_\_\_

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Signature & Title: \_\_\_\_\_