



## ADMISSIONS CHECKLIST

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The Admissions Committee will process the application once all of the following are received:

- \$150.00 F-1 International student application fee
- Applicant Information (with attached photo, copy of birth certificate, copy of passport)
- Parent/Guardian Consent and Agreement
- Student Questionnaire
- Parent Questionnaire
- Medical Information and Permission for Treatment
- Copy of health insurance card (front & back) (Insurance will be provided with international student fee if needed)
- Health History
- Physical Exam Form
- Current Immunization Certificate signed by a medical professional and indicating that student is up-to-date with immunizations at date of enrollment
- Professional Recommendation
- Principal Recommendation
- Transcript Request

**All documents must be submitted in English or with English translation provided.**

**Parent(s) and student must read the Handbook prior to completing the application.**

A phone interview is always recommended and sometimes required by the admissions committee after reviewing a completed application. Arrangements for an interview time with an admissions committee member can be made with the director of admissions.

### **Acceptance:**

Applications are reviewed by the Admissions Committee once they are complete. The Admissions Committee is responsible for deciding if applicants will be accepted for enrollment. The application deadline is April 1. Late applications will be considered when there are openings available in the dorm and classes.

**Parent(s) are encouraged to visit campus at the time of enrollment and welcome to visit anytime.**

*Please keep this page for your own records.*

Oakdale Christian Academy  
5801 Beattyville Rd  
Jackson, KY 41339  
phone/fax: 606.666.5422  
www.oakdalechristian.org  
admissions@oakdalechristian.org



CHRISTIAN ACADEMY

APPLICANT INFORMATION

Form fields for Applicant Information: First Name, Middle, Last, Preferred Name or Nickname, Gender, Address, City, State, Zip, Country, Telephone, Social Security Number, Date of Birth, Age, Country of Birth, Country of Citizenship, Languages spoken in the home, Applying for Fall/Spring/Summer Year, Applying for Grade, How did you learn of Oakdale?

ENROLLING PARENT(S) OR GUARDIAN(S)

Form fields for Enrolling Parent(s) or Guardian(s): Father/Stepfather/Other, Mother/Stepmother/Other, Relationship to student, Address, City, State, Zip, Phone, Cell, Email, Social Security Number, Employer, Occupation, Business Phone, Student lives with: checkboxes for Father and mother, Father, Mother, Stepfather/mother, Stepmother/father, Other (specify)

Primary contact person for this student: If parents are separated or divorced, Who has legal custody? Any specific restrictions?

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

Form fields for Emergency Contact Information: Emergency Contact Name, Relationship, Emergency Contact Phone

Name of Student \_\_\_\_\_

**APPLICANT INFORMATION CONTINUED**

**FINANCIAL RESPONSIBILITY**

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

Relationship to applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL INFORMATION**

Present School \_\_\_\_\_ Years Attended \_\_\_\_\_

- Independent
- Public
- Parochial
- Homeschooled

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Previous school attended \_\_\_\_\_ Years Attended \_\_\_\_\_

Previous school attended \_\_\_\_\_ Years Attended \_\_\_\_\_

**A NONREFUNDABLE \$150 F-1 INTERNATIONAL STUDENT APPLICATION FEE IS DUE WITH THIS APPLICATION.**

**ALSO ATTACH:  
A RECENT PHOTO OF THE APPLICANT  
COPY OF BIRTH CERTIFICATE  
AND COPY OF PASSPORT**



CHRISTIAN ACADEMY

**PARENT/GUARDIAN CONSENT AND AGREEMENT**

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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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.

**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 recreation 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 consent for adults who are associated with Oakdale Christian Academy to transport the student to off campus activities. I give my permission for the student to participate in off-campus overnight activities arranged and supervised by Oakdale.

**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.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



**STUDENT QUESTIONNAIRE**

The student applicant should complete this form using a pen in his/her own handwriting, and with no assistance.

Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

WE WANT TO KNOW WHO YOU ARE. IF YOU ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AND COMPLETELY AS YOU CAN, TOGETHER WE CAN MAKE A GOOD DECISION ABOUT ENROLLING YOU AT OAKDALE.

What classes do you find most interesting? \_\_\_\_\_

What subjects do you find to be difficult? \_\_\_\_\_

What extracurricular and after-school activities do you enjoy? \_\_\_\_\_

List any school, community, or church activities in which you have participated. If you have received any special recognition for any of these, please describe. \_\_\_\_\_

What are your goals after high school? \_\_\_\_\_

Are you a Christian?  Yes  No

Briefly, explain what you believe it means to be a Christian. \_\_\_\_\_

- Do you attend church?  Regularly (almost every Sunday)
- Often (at least twice each month)
- Occasionally (a few times each year)
- Never

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Are you a member?  Yes  No

Do your parents attend church with you?  Yes  No

Name of Student \_\_\_\_\_

**STUDENT QUESTIONNAIRE CONTINUED**

Do you want to attend Oakdale Christian Academy?  Yes  No

If so, tell why and what you hope to gain from this experience.

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What contributions do you believe you will bring to the academic and boarding school program at Oakdale?

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What has been your involvement with tobacco, alcohol other drugs? (Please be specific, including past and present experiences)

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On what websites do you have personal profiles listed or blogs posted (please give website addresses)?

\_\_\_\_\_

If you presently use tobacco, alcohol or other drugs will you be able to quit?

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Are you willing to follow all of the rules of Oakdale Christian Academy and to cooperate wholeheartedly in the school program?

\_\_\_\_\_

I have completed this form as completely and honestly as possible.

I have read the student handbook and agree to cooperate with the standards of Oakdale Christian Academy.

If accepted into Oakdale Christian Academy, I will agree to follow the rules as outlined in the handbook.

I want to be a part of the Oakdale student body.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**PARENT QUESTIONNAIRE**

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Applicant's Name \_\_\_\_\_

Name of person completing the form \_\_\_\_\_

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

To what significant changes has he/she had to adjust? (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): \_\_\_\_\_

Name of Student \_\_\_\_\_

**PARENT QUESTIONNAIRE CONTINUED**

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 has 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, what do you attribute it to? \_\_\_\_\_  
\_\_\_\_\_

Please describe any special circumstances regarding your child including all suspensions, expulsions, special education services, 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 ever participated in counseling or mental health treatment?  Yes  No

If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 give addresses)? \_\_\_\_\_  
\_\_\_\_\_

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

**We/I have requested all academic and behavioral records to be forwarded to OCA.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



CHRISTIAN ACADEMY

**MEDICAL INFORMATION AND PERMISSION FOR TREATMENTS**

Student's Name \_\_\_\_\_ Sex \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SSN# \_\_\_-\_\_\_-\_\_\_

Parent/Guardian responsible for medical treatment: \_\_\_\_\_

Parent Address \_\_\_\_\_

Parent 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:**

- 1. Current Immunization Certificate: up-to-date and signed by your child's doctor or your local health department
- 2. Copy of your child's medical insurance card (front & back)

**Health Insurance Information (Insurance will provided if needed with international student fee)**

Does the student have health insurance? \_\_\_\_\_

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 your 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 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 to 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 judgement concerning diagnosis and treatment.

I authorize 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 \_\_\_\_\_

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, upset stomach, and other minor injuries.

Signed \_\_\_\_\_ Date \_\_\_\_\_



CHRISTIAN ACADEMY

**HEALTH HISTORY** - To be completed by parent/guardian.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list any significant family medical history \_\_\_\_\_

Please list any allergies, including food and drug allergies \_\_\_\_\_

**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/<br>Seizures | <input type="checkbox"/> Bed Wetting    | <input type="checkbox"/> Frequent/Severe Headaches |  |

Please explain any above conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List (give dates) hospitalizations (including mental health and substance abuse treatment), operations, serious illnesses, serious injuries, ect: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student currently under a doctor's care? Yes No If so, what for? \_\_\_\_\_

Please make sure your child has had a dental checkup in the last year. Date of last visit. \_\_\_\_\_

**Please list below current medications and purposes.**

Medication

Purpose

_____	_____
_____	_____
_____	_____

*\*Ongoing medication MUST be monitored by a home physician.*

**A Permission to Administer Medication Form** must be completed at the time of enrollment and whenever leaving medication for your child at Oakdale. Parents are then responsible to make sure that prescription refills are sent to OCA as needed.



Note To Parent: Your physician will need an up-to-date immunization record to complete this form.

PHYSICAL EXAMINATION

To be completed by student's physician or primary healthcare provider.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Exam \_\_\_\_\_ How long have you attended this person? \_\_\_\_\_

\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse

\_\_\_\_\_ Blood Pressure \_\_\_\_\_ Vision \_\_\_\_\_ Hearing

NORMAL \_\_\_\_\_ ABNORMAL \_\_\_\_\_ REMARKS \_\_\_\_\_

- Face and Skin
Eyes
ENT
Teeth
Neck, thyroid
Lymph nodes
Chest
Heart
Lungs
Abdomen
Hernia
Extremities
Neurological

Are all required immunizations up-to-date (physician verification is required for enrollment)? \_\_\_\_\_

When is next shot(s) due? \_\_\_\_\_

Describe any abnormality including emotional disturbances which should be known to OCA personnel.

Is there any reason to suspect that this student has been involved with drug or alcohol abuse? \_\_\_\_\_

Are there any restrictions to physical activity/physical education classes? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have any concerns about this student being away from home in a boarding school environment?

If you wish OCA personnel to continue with some medications or treatments you have been giving, please attach your orders.

Physician's signature \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Physician's Fax \_\_\_\_\_

MUST ATTACH CURRENT IMMUNIZATION CERTIFICATE
SIGNED BY DOCTOR OR HEALTH DEPARTMENT



**PROFESSIONAL RECOMMENDATION FORM**

Applicant's Name \_\_\_\_\_

**PARENTS PLEASE CHECK THE FOLLOWING QUESTION.**

I  do  do not waive my rights to review these documents as part of the educational records in accordance with FERPA (Family Educational Records Protection Act).

This form should be completed by a pastor, teacher, counselor or other professional who has recently worked with the applicant. This form may not be completed by a family member or friend of the family.

Oakdale Christian Academy is a boarding and day school that provides quality college-preparatory education in a small structured, nurturing environment for students who desire an opportunity to grow academically, spiritually and socially. This information will only be used in a professional manner in order to best meet the needs of the student.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT, BUT MAIL IT DIRECTLY TO OAKDALE CHRISTIAN ACADEMY AT THE ADDRESS PRINTED AT THE END OF THIS FORM.

Your Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

Please circle the appropriate number to describe the applicant:

	Above Average			Average				Below Average		
General Personality	1	2	3	4	5	6	7	8	9	10
Appearance	1	2	3	4	5	6	7	8	9	10
Helpfulness	1	2	3	4	5	6	7	8	9	10
Emotional Stability	1	2	3	4	5	6	7	8	9	10
Sociability	1	2	3	4	5	6	7	8	9	10
Resourcefulness	1	2	3	4	5	6	7	8	9	10
Integrity	1	2	3	4	5	6	7	8	9	10
Cooperativeness	1	2	3	4	5	6	7	8	9	10
Leadership	1	2	3	4	5	6	7	8	9	10
Work Habits	1	2	3	4	5	6	7	8	9	10
Moral Stability	1	2	3	4	5	6	7	8	9	10
Accepts Correction	1	2	3	4	5	6	7	8	9	10

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the applicant's primary interests (as you know them.)

- Artistic       Social       Athletic       Literary  
 Dramatic       Musical       Scientific       Religious

Can you describe any honors won or achievements accomplished by the applicant? \_\_\_\_\_

To your knowledge is the applicant in good health? \_\_\_\_\_

To your knowledge, does or has the applicant used the following in any form?

- Tobacco       Drugs       Alcohol

If yes, please elaborate \_\_\_\_\_

Give your knowledge concerning the family and social background of the applicant. \_\_\_\_\_

Taking into account the ability and personal qualities of the applicant and the standards of a Christian school, please check the appropriate statement.

**In terms of the applicant's intellectual ability:**

- I recommend this applicant  
 I recommend this applicant with reservations  
 I do not recommend this applicant

**In terms of the applicant's personal characteristics:**

- I recommend this applicant  
 I recommend this applicant with reservations  
 I do not recommend this applicant

If you recommend this applicant with reservations, please explain. \_\_\_\_\_

Please use this space for any additional comments or information concerning the applicant. \_\_\_\_\_

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

Oakdale Christian Academy  
5801 Beattyville Rd  
Jackson, KY 41339  
606-666-5422  
admissions@oakdalechristian.org  
www.oakdalechristian.org



**PRINCIPAL RECOMMENDATION FORM**

Applicant's Name \_\_\_\_\_

**PARENTS PLEASE CHECK THE FOLLOWING QUESTION.**

I  do  do not waive my rights to review these documents as part of the educational records in accordance with FERPA (Family Educational Records Protection Act).

**NOTE TO PRINCIPAL:** Please complete this form or have it completed by a staff member suited to professionally assess this student. Oakdale Christian Academy is a boarding and day school that provides quality college preparatory education in a small, structured, nurturing environment for students who desire an opportunity to grow academically, spiritually and socially.

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Your Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

How long has the student been enrolled at your school? \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Has the applicant demonstrated the ability to complete a college preparatory curriculum?  Yes  No

To your knowledge has the student had any history of significant conduct problems?  Yes  No

If yes, please explain. \_\_\_\_\_

Has the applicant ever been expelled or suspended?  Yes  No

If yes, please explain. \_\_\_\_\_

Would the applicant be permitted to re-enroll in your school?  Yes  No

If no, please explain. \_\_\_\_\_

Do you have any reason to suspect the applicant has any history or involvement with drugs, alcohol, violence or vandalism?  Yes  No

If yes, please explain. \_\_\_\_\_

Please comment on the applicant's attitude toward school. \_\_\_\_\_

What post-high school course of study would you recommend for this student? \_\_\_\_\_

What fundamental academic weakness, if any, does this student possess? \_\_\_\_\_

Has the student been recognized for outstanding academic, athletic, or artistic performance?  Yes  No

If yes, please explain. \_\_\_\_\_

Name of Student \_\_\_\_\_

**PRINCIPAL RECOMMENDATION CONTINUED**

Rate the student in the following areas according to this scale:

O = Outstanding, E = Excellent, A = Average, B = Below Average, P = Poor, N = No Basis for assessment

	O	E	A	B	P	N
Motivation						
Creativity						
Self-Discipline						
Respect for Authority						
Self-Confidence						
Personal Appearance						
Warmth of Personality						
Sense of Humor						
Kindness						
Energy						
Emotional Maturity						
Positive Leadership						
Reaction to Setbacks						
Physical Condition						
Honesty						
Follows Rules						

What more would you like us to know about this student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I recommend this student for admission to Oakdale Christian Academy:

- With great enthusiasm
- With confidence
- With reservations
- Cannot recommend

Please explain reservations \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your response. Your comments are of great importance to the Admissions Committee.

Oakdale Christian Academy  
5801 Beattyville Rd  
Jackson, KY 41339  
606-666-5422  
admissions@oakdalechristian.org  
www.oakdalechristian.org



CHRISTIAN ACADEMY

**TRANSCRIPT AND SCHOOL RECORD REQUEST**

PLEASE TAKE THIS TO THE APPLICANT'S PREVIOUS SCHOOL.

Name of Applicant \_\_\_\_\_

Current Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

I hereby authorize release of information requested by Oakdale Christian Academy for my child's application.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The student whose name appears above has applied for admission to Oakdale Christian Academy. Please send the requested material below at your earliest convenience to:

Oakdale Christian Academy  
Attn: Admissions  
5801 Beattyville Rd  
Jackson, KY 41339  
606.666.5422  
admissions@oakdalechristian.org

Oakdale Christian Academy requests

1. A transcript of the student's grades
2. Current course listing with grades
3. Date of withdrawal (if applicable)
- 4 Record of attendance
5. Record of individual or group testing
6. Reports of disciplinary action
7. Health records including immunization records
8. Any other pertinent information

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To be completed by school records personnel as proof of record request and returned to Oakdale with application

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Telephone \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent should keep bottom portion and return it to Oakdale Christian Academy with application.