



ADMISSIONS CHECKLIST

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

- \$20.00 application fee
- Applicant Information (with attached photo)
- Parent/Guardian Consent and Agreement
- Student Questionnaire
- Parent Questionnaire
- Medical Information and Permission for Treatment (with copy of health insurance card attached)
- Health History
- Copy of health insurance card (front & back)
- Physical 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

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

You are encouraged to schedule a campus visit and interview through our director of admissions. Some applicants may be required by the admissions committee to visit campus and interview prior to the admissions committee making an acceptance decision.

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 for summer school enrollment and international applicants and July 1 for fall enrollment. Late applications will be considered when there are vacancies in the dorms and classes.

Enrollment: After being accepted, payment of the \$250 enrollment fee confirms enrollment and reserves your place at Oakdale Christian Academy.

Parent(s) must visit campus either prior to enrollment or at the time of enrollment.

Please keep this page for your own records.

Oakdale Christian Academy
5801 Beattyville Road
Jackson, KY 41339
606.666.5422
www.oakdalechristian.org
admissions@oakdalechristian.org



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	Type of Student (Boarding or Day)	
How did you learn of Oakdale? _____				

ENROLLING PARENT(S) OR GUARDIAN(S)

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
Social Security Number	Social Security Number
Employer	Employer
Occupation	Occupation
Business Phone	Business Phone

Student lives with:

<input type="checkbox"/> Father and mother	<input type="checkbox"/> Stepfather/mother
<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother/father
<input type="checkbox"/> Mother	<input type="checkbox"/> 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)

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

Name of Student _____

APPLICANT INFORMATION CONTINUED

FINANCIAL RESPONSIBILITY

Please print name of person financially responsible _____

Relationship to applicant _____ Will you be applying for financial aid? _____

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 NON-REFUNDABLE \$20 APPLICATION FEE
IS DUE WITH THIS APPLICATION.**

PLEASE ALSO ATTACH A RECENT PHOTO OF THE APPLICANT.



PARENT/GUARDIAN CONSENT AND AGREEMENT

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

Do you want to attend Oakdale Christian Academy? Yes No

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

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

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

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

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

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

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 would you describe your child's peer relationships? _____

How does your child respond to authority at home? And other places? _____

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? _____

Has your child ever participated in counseling or mental health treatment? Yes No
If so, please explain, list any outpatient counseling, inpatient evaluations or psychiatric hospitalizations. _____

Please describe any special circumstances regarding your child including all suspensions, expulsions, 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 received any specialized education services? If so, please describe.

Has you 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 academic and behavioral records to be forwarded to OCA.

Parent Signature _____ Date _____

Parent Signature _____ Date _____



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

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.

Signature _____ Date _____



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/
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:

	Below Average			Average				Above 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
Honesty	1	2	3	4	5	6	7	8	9	10

Comments: _____

Name of Student _____

PROFESSIONAL RECOMMENDATION CONTINUED

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.

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 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. _____

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
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 606-666-5422
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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

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.