

**Application for Admission: 2016-2017 Academic Year**

**I. General Information**

**Student(s) Applying:**

- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_  
Grade Entering\* \_\_\_\_\_ Citizenship\*\* \_\_\_\_\_
- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_  
Grade Entering\* \_\_\_\_\_ Citizenship\*\* \_\_\_\_\_
- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_  
Grade Entering\* \_\_\_\_\_ Citizenship\*\* \_\_\_\_\_
- Student's Full Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_  
Grade Entering\* \_\_\_\_\_ Citizenship\*\* \_\_\_\_\_

\*Minimum age requirements: Preschool - 4yrs., Kindergarten - 5yrs., 1st Grade - 6yrs. by July 1. See administration for exceptions.

\*\* Ozarks Academy is not authorized to issue I-20 Immigration forms. Applicants who are foreign citizens must already have a Visa or Green Card. If the applicant is not a U.S. citizen, please list the Visa or Green card type and expiration date:

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**Contact Information:**

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Primary E-mail Address \_\_\_\_\_

**Father's** Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Father's Cell Phone Number (\_\_\_\_) \_\_\_\_\_

**Mother's** Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Mother's Cell Phone Number (\_\_\_\_) \_\_\_\_\_

**Family's Church** \_\_\_\_\_ Minister/Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please check one:  Members  Frequent attenders  Occasional attenders  No affiliation w/ a church

*For Office Use Only*

**Pre-Admission:** Application Fee Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Interview Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School Forms Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

**Post-Admission:** Date of Acceptance \_\_\_\_/\_\_\_\_/\_\_\_\_ Acceptance Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ Accepted into \_\_\_\_ grade(s)

Enrollment Fee Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Form \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Certificate \_\_\_\_/\_\_\_\_/\_\_\_\_

## II. Education History

Please list the school your child last attended or is currently attending.

- Student's Name \_\_\_\_\_ School Name \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Student's Name \_\_\_\_\_ School Name \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Student's Name \_\_\_\_\_ School Name \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Student's Name \_\_\_\_\_ School Name \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Ozarks Academy is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. (If more than one child is applying, please consider each one when answering.) Further elaboration on your answers may take place during an interview.

- Has your student ever been referred for testing or placed in a special program? (circle) *Yes / No*
- Has your student ever repeated a grade for any reason? \_\_\_\_\_ If so, which grade? \_\_\_\_\_
- Has your child ever received any other special help or tutoring? (circle) *Yes / No*
- Has your child ever been suspended or expelled by a previous school? (circle) *Yes / No*
- Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? (circle) *Yes / No* If so, briefly describe the nature of the problem.  
\_\_\_\_\_
- Has your child ever been diagnosed as having hyperactivity, ADHD, or ADD? (circle) *Yes / No*
- Do you suspect or have you been told that your child has dyslexia? (circle) *Yes / No*
- What special honors or awards has your child received? \_\_\_\_\_  
\_\_\_\_\_

### III. Education Philosophy

- Why do you want your child to attend Ozarks Academy? \_\_\_\_\_  
\_\_\_\_\_
- How did you hear about Ozarks Academy? \_\_\_\_\_
- Do you know of families who attend Ozarks Academy? If so, please list any. \_\_\_\_\_  
\_\_\_\_\_
- Do you support the following applicable specific school practices, philosophies, curriculum, and policies?

|                                   |                 |
|-----------------------------------|-----------------|
| Vision & Related Questions        | <i>Yes / No</i> |
| Discipline Policy                 | <i>Yes / No</i> |
| Learning Disability Policy        | <i>Yes / No</i> |
| Uniform Policy                    | <i>Yes / No</i> |
| Classical Education Philosophy    | <i>Yes / No</i> |
| Required Outside Reading/Homework | <i>Yes / No</i> |
| Scripture Memorization            | <i>Yes / No</i> |
| Psalm/Hymn Singing                | <i>Yes / No</i> |
| Statement of Faith                | <i>Yes / No</i> |
- If there are any points of practice, philosophy, or school policy which are inconsistent with your goals for your family, please explain briefly here: \_\_\_\_\_  
\_\_\_\_\_
- If a conflict arises between you (or your child) and the classroom teacher, an administrator, or the school board, how would you attempt to resolve it? \_\_\_\_\_  
\_\_\_\_\_
- Which virtues would you most like your child to exhibit? \_\_\_\_\_  
\_\_\_\_\_
- If you found that your child was sinking academically, how would you respond? \_\_\_\_\_  
\_\_\_\_\_
- Should a grade of “C” be a cause for praise if a student is working to the best of his potential? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_
- How do you promote Biblical values in your home? \_\_\_\_\_  
\_\_\_\_\_

#### IV. Family Contacts/ Encouragers

(to receive occasional communications such as school newsletters with information about your child's schooling)

##### Grandparents:

Mother's Parents \_\_\_\_\_ Father's Parents \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

##### Other relatives or friends who would like to receive a school newsletter:

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Relationship to Family \_\_\_\_\_ Relationship to Family \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Relationship to Family \_\_\_\_\_ Relationship to Family \_\_\_\_\_

#### V. Photo/Video Release

Ozarks Academy periodically uses photographs or videos of our students for positive promotional materials in print and on our website. Please sign and date below if you agree to give permission for Ozarks Academy to use photos or videos of your child for school publications.

**Parent or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please check and initial here if you wish to have your child's photographs excluded from any public communications, pending his/her acceptance to the school. (check) \_\_\_ (initial) \_\_\_\_\_

#### VI. Application Signature

I certify that the answers provided in this application are true, accurate, and complete as of the signature date.

**Parent or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

##### *Non-Discrimination Policy:*

Ozarks Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. Ozarks Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational and admissions policies, scholarship programs, or athletic and other school administered programs.