Oak Trails Application for school year		
Student's full name(As it should appear		()
(As it should appear	on school records)	Nickname
		oes your child nap?
Date of birth Place of birth Ma Student's home address:	le Female	We would appreciate a recent photograph of your child
City State	Zip code	_
Application for:Half Day Extended Lur	ch Extended Day	Before or After Care
If before or after care, indicate hours and days needed Home telephone Please list all members of the student's family household:	Parent/Guardian's full	
Parent(s)	Street	
Other adult(s)	City Stat	e Zip code
Sibling Age Present school	Home or Cell phone	Work phone
	Email Address	
Family Status	Employer	Position
 Parents married Parents separated Parents divorced 	Parent/Guardian's full	name
 Mother remarried Father remarried Father deceased Mother deceased 	Street	
 Mother deceased Parents never married 	City	State Zip code
Financial responsibility for the student's tuition will be assumed by:	Home or cell	Work phone
To what email address would you like your invoices sent:	Email address	
	Employer	Position

Return completed application to nanette@oaktrails.og

Your child's present school:

_		
Dates of enrollment to		
School's address		
School phone	Teacher or Ad	visor
Previous School(s)	Address	Dates of enrollment
How did you learn about our school? _		
What is the primary language spoken in	n the home?	

If your child is age 3 or 4, will your child finish age 5 (kindergarten) at our school? \Box Yes \Box No

Please send the application by email to:

nanette@oaktrails.org

Upon receipt or your application, you will receive an electronic invoice for the application fee of \$50.00. The payment of the fee will reserve a place for your child on the list for new students.

The application fee is not refundable. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Oak Trails.

Oak Trails admits students of any race, color, national, and ethnic origin.