



International Student Admissions Checklist

The Admissions Committee will process the application only after receiving all of the following:

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

- \$225.00 International student application fee (when paying online, please note the student's name and application fee in the memo; when paying by wire transfer please e-mail the wire transfer confirmation to businessmanager@oakdalechristian.org)
- 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
- Permission to Administer Medication Form (if applicable)
- Health History
- Physical Exam Form
- KY Immunization Form or Current Immunization Certificate: up-to-date and signed by your child's doctor or your local health department documenting administration of all vaccinations required by the state of Kentucky.
- Professional Recommendation
- Principal Recommendation
- Signed Transcript Request/Standardized Test Scores
- Proof of financial responsibility to include proof of income: recent checking/savings statements

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

A phone interview is *required* by the admissions committee before or 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 for international students is May 1 for summer school enrollment and July 15 for fall enrollment. Late applications will be considered when there are vacancies in the dorms and classes. After acceptance, there is a \$250 I-20 processing fee. Additionally, a non-refundable fee of \$3,500 is due prior to processing the I-20, which would be applied toward international student fees once the student has enrolled. The only condition which the \$3,500 fee would be refunded is if the Visa is not approved.

Parent(s) / Guardian(s) are encouraged to visit campus either prior to or at the time of enrollment and are welcome to visit anytime.

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



International Student Applicant Information

First Name	Middle	Last	Preferred Name or Nickname	Gender
Address				
City	State	Zip	Country	
Telephone	Date of Birth	Age		
Country of Birth	Country of Citizenship		Languages spoken in the home	
Applying for	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Year	Applying for Grade
	<input type="checkbox"/> Summer			<input type="checkbox"/> 7
				<input type="checkbox"/> 8
				<input type="checkbox"/> 9
				Type of Student
				<input type="checkbox"/> 10
				<input type="checkbox"/> 11
				<input type="checkbox"/> 12
				<input type="checkbox"/> Boarding
				<input type="checkbox"/> Day

How did you learn about Oakdale?

Enrolling Parent(s) / Guardian(s)

Father/Stepfather/Other	Mother/Stepmother/Other
Relationship to student	Relationship to student
Address (if different)	Address (if different)
City	City
Province/State/Region	Province/State/Region
Postal Code	Postal Code
Country	Country
Phone	Phone
Cell	Cell
Email	Email
Employer	Employer
Occupation	Occupation
Business Phone	Business Phone
Student lives with:	
<input type="checkbox"/> Father and mother	<input type="checkbox"/> Mother
<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather and mother
<input type="checkbox"/> Stepmother and father	<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) Listed Above)

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

Financial Responsibility

Please print name of person financially responsible _____

If person financially responsible is not the parent/guardian, please fill in the necessary information:

Address (if different)		City	Province/State/Region	Postal Code
Country		Home Phone/Cell		E-mail
Employer	Occupation	Business Phone		

Signature _____

School Information

Present school		Years attended		
<input type="checkbox"/> Independent <input type="checkbox"/> Public <input type="checkbox"/> Parochial <input type="checkbox"/> Homeschooled				
School Address				
City	State	Zip	Phone	
Previous school attended		Years attended		
Previous school attended		Years attended		

A NON-REFUNDABLE \$225.00 INTERNATIONAL STUDENT APPLICATION FEE IS DUE WITH THIS APPLICATION.

**ALSO ATTACH:
A Recent Photo Of The Applicant
Copy Of Birth Certificate
Copy Of Passport**



Parent / Guardian Consent and Agreement

Student Name: _____ Date of Birth: _____

INTERNET USE: I understand that use of the Internet may be required for some class assignments and give my consent for the student I am enrolling to use the Internet as an academic resource. Beyond its role as an academic resource, the Internet is utilized as an earned privilege for communication with family and friends. Please indicate below your consent for the enrolling student by checking the appropriate box:

- I grant permission for the student I am enrolling to use the Internet for non-academic purposes such as communication (e.g., email, social networking, etc.).
- I do not grant permission for the student I am enrolling to use the Internet for non-academic purposes such as communication (e.g., email, social networking etc.).

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. _____ **Initial here**

RECREATION/TRIPS/TRANSPORTAION: 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 recreational 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. _____ **Initial here**

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. _____ **Initial here**

PERSONAL ELECTRONICS POLICY: I recognize that the use of electronic equipment (cell phones, laptop computers, digital cameras, digital music devices, translators, etc.) in violation of the electronic equipment policy, as stated in the Student Handbook, will result in the permanent loss of the equipment. In sending any electronic equipment with the enrolling student, I am trusting his/her judgment in the use of these items and recognize that misuse will result in confiscation and permanent loss. _____ **Initial here**

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

Indicate your level of desire to attend Oakdale Christian Academy by completing the phrase, "I am _____."

- Excited
- Interested
- Undecided
- Unwilling

Please explain why you have this expectation 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, or 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? Please explain. _____

On what websites do you have personal profiles listed or blogs posted (please provide 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 completely and agree to cooperate with the standards of Oakdale Christian Academy.
- If accepted into Oakdale Christian Academy, I 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 this questionnaire _____

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): _____

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 have 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, to what do you attribute it? _____

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 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 provide website addresses)?

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

We/I have requested academic and behavioral records to be forwarded to Oakdale Christian Academy.

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's Address _____

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:

- KY Immunization Form or Current Immunization Certificate: up-to-date and signed by your child's doctor or your local health department documenting administration of all vaccinations required by the state of Kentucky.

Required Kentucky Vaccinations include:

- a. One (1) dose of Tdap
- b. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines
- c. Three (3) doses of Hep B
- d. Two (2) doses of MMR
- e. Two (2) doses of varicella
- f. One (1) dose of MCV or MPSV

Health Insurance Information

Insurance is included with the international student fee.

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 all 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 between 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 judgment concerning diagnosis and treatment.

I authorized 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, or upset stomach and minor injuries.

Signature _____ Date _____



HEALTH HISTORY – To be completed by parent / guardian on an annual basis

2016-2017

Student Name _____ Date of Birth _____

Please list any significant family medical history _____

Does student have any allergies including food and drug allergies? Yes No

Please list _____

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) of hospitalizations (including mental health and substance abuse treatment), operations, serious illnesses, serious injuries, etc. _____

Are there any restrictions to physical activity/physical education classes? Yes No

If yes, please explain _____

Is the student currently under a doctor’s care? Yes* No If so, what for?

***If student takes medication on a routine basis, they must be under a doctor’s care.**

Does student take any prescription medication or over-the-counter medications on a routine basis? Yes* No

If Yes, the Permission to Administer Medication form must be completed upon any change in meds.

Please make sure your child has an annual dental check-up as well as a well-care visit with their primary physician.

Date of last dental visit _____ Name of Dental Provider _____

Date of last visit with primary care physician _____

Doctor’s Name, Address & Phone Number: _____

Parent Name _____ Signature _____ Date _____



PERMISSION TO ADMINISTER MEDICATION- To be completed by parent/guardian on an annual basis.

In order for school personnel to administer any prescription medication or over the counter medication on a routine basis to students we must have this form completed and signed by either the student's parent/guardian or doctor. Only medication in the original container with clear instructions will be administered to students. All medication will be kept locked up with school personnel unless a doctor authorizes that a student must carry a medication at all times.

Please list below current medications and purposes.

Medication	Dosage	Time of Day	Purpose	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Potential reactions or side effects (please list medication and potential side effects):

Does the student need to carry any of these medications at all times?

No ___ Yes ___

Name of Medication _____

Doctor's Signature (if Yes) _____

Doctor's Name, Address & Phone Number:

I hereby request school personnel from Oakdale Christian Academy to give the above medication to

_____ (student's name).

- **It is the parent's responsibility to make sure that prescription refills are sent to OCA as needed.**
- **Ongoing medications must be monitored by the student's physician.**
- **A new Permission to Administer Medication must be completed with any change in medication.**

Parent Name _____ Signature _____ Date _____



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)

Student Name _____ 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(are) 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 _____

A current immunization certificate completed or translated in English signed by doctor or health department must be attached



COMMONWEALTH OF KENTUCKY
IMMUNIZATION CERTIFICATE

(Required for each child enrolled in day care center, certified family child care home, other licensed facility which cares for children, preschool programs, and public and private primary and secondary schools.)

Name of Child: (Last) (First) (Middle) Birthdate:

Name of Parent of Guardian:

Address: (Street) (City) (State) (Zip code)

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis* #1 / / #2 / / #3 / / #4 / / #5 / /
Hib** #1 / / #2 / / #3 / / #4 / /
PCV (Pneumococcal) #1 / / #2 / / #3 / / #4 / /
Polio #1 / / #2 / / #3 / / #4 / /
Hepatitis B*** #1 / / #2 / / #3 / / or Adult dose: #1 / / #2 / /
MMR (Measles, Mumps, Rubella) #1 / / #2 / /
Varicella #1 / / #2 / / or child has had chickenpox or zoster disease (X)
Tdap #1 / / or Td #1 / / Meningococcal #1 / /

*DTaP, DTP, or DT. **Hib not required at 5 years of age or more. ***Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age.

This child is current for immunizations until / / , (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee) (Date)

(Name of Office or Licensed Healthcare Facility)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.





Professional Recommendation Form

Applicant's Name: _____

Parents, indicate your response to the following statement.

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 student. This form may not be completed by a family member or a 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 be used only in a professional manner in order to best meet the needs of the student.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT. RATHER, 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 _____

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 the applicant use 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 Road
 Jackson, KY 41339
 606-666-5422
www.oakdalechristian.org
admissions.rep@oakdalechristian.org



Principal Recommendation Form

Applicant's Name _____

Parents, indicate your response to the following statement.

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						
Following 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.

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 Jackson, KY 41339
 606-666-5422
www.oakdalechristian.org
admissions.rep@oakdalechristian.org



Transcript and School Record Request

PLEASE TAKE THIS TO THE APPLICANT'S PREVIOUS SCHOOL.

Name of applicant _____ Date of birth _____

Current grade _____ 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 Road
Jackson, KY 41339
606-666-5422

admissions.rep@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.