



Three Oaks Christian School

901 Everhart Dr.
Decatur, IN 46733
260-301-3478

ALA CARTE Student Admissions Application

For Office Use Only

Date Received _____ Appointment _____ Action Taken _____

For School Year _____ - _____

Student Information

Student's Name _____ Male _____ Female _____
Last First Middle

Date of Birth _____ Age _____ Home Phone _____

Student's Address _____
Street City Zip

Student lives with (if other than parents) _____

Grade & Program Enrolling:

Grade Entering: _____ Class Selection(s): _____

Days Attending: _____

Parent or Guardian Information

Father's Name _____ Home Phone _____

Email Address: _____ Cell Phone _____

Home Address if different than Student's _____
Street City Zip

Employer _____ Occupation _____ Work Phone _____

Mother's Name _____ Home Phone _____

Email Address: _____ Cell Phone _____

Home Address if different than Student's _____
Street City Zip

Employer _____ Occupation _____ Work Phone _____

Church Information

Name of Church You Attend _____ Member ? ____ Yes ____ No

Name of church where student attends (if other than where parents attend) _____

Church Address _____

Church Phone _____ Pastor's Name and Phone _____

Middle School and High School Student (5th -12th grade students complete this section)

Please give a written account of your profession of faith in Christ. Explain what being a Christian means to you. Attach additional pages as necessary.

***Parent Statement of Faith** - Please give a written account of your profession of faith in Christ (for one or both parents). Explain what being a Christian means to you. Attach additional pages as necessary.

Other Data

Describe briefly any special extra-curricular interests, hobbies, talents or aptitudes this child has:

Does your child have any learning challenges or learning disabilities documented by an IEP, 504 Plan, or other professional assessment(s)? If so, please explain below and please provide a copy of the assessment with this application. (**Before admission can be finalized, the Academic Committee will review the required documents to determine if Three Oaks is able to provide the necessary resources for this student.*)

To best serve your child, please indicate if he or she has any special or unique needs: food allergies, or medical concerns/medications, etc.

No special needs _____ If yes, please explain _____

I certify this Student Admissions Application to be true and accurate.

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

Prior to an interview with the Administrator, parents must secure and attach to this application:

- A copy of the student's last report card(s)
- Any documents related to special services for the student such as: Individual Educational Plan (I.E.P) and/or behavioral reports from the student's file.