



Three Oaks Christian School

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

NEW 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:

Circle Grade Entering	5 Day	2 or 3 Day	A La Carte
PreK (4 yrs)	N/A	Tue/Thur	N/A
K (5 yrs)	N/A	Mon/Tue/Thur	N/A
1, 2, 3, 4, 5, 6	Full Time	Mon/Tue/Thur	_____
7, 8, 9, 10, 11, 12	Full Time	Mon/Tue/Thur	_____

School District in which child resides:

Previous School Experience

List all schools your child has previously attended including preschool, kindergarten, and homeschool.

School Name	Address	Phone Number	Dates Attended	Grades Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Why are you transferring your child from his/her present school? _____

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

Has your child ever repeated or skipped a grade? Yes _____ No _____ If yes, please give grade and reason:

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.*)

Has your child ever been dismissed, suspended, or struggled with authority? Yes _____ No _____. If yes, explain.

When _____ Name of School _____

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 _____

Other Data

Why are you choosing *Three Oaks Christian School* for your child? _____

How can your family enrich the culture and learning environment of our school? _____

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 _____

Number of children in family _____ Older siblings _____ Younger siblings _____

Are there other school-age children in your family? _____ Yes _____ No

If yes, please list child(ren)'s name, age, and school they attend (if other than Three Oaks Christian School).

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.