

**Oak Hill Academy**

800 North Eshman Avenue  
West Point, MS 39773  
Phone: 662-494-5043  
Elementary Office: 662-494-0301

**APPLICATION FOR ADMISSION**

Please Note: One application must be completed for each student seeking enrollment.

**BIOGRAPHICAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name Used: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Student's SS# \_\_\_\_\_ . Age \_\_\_\_\_ .

DOB \_\_\_\_\_ .

Proposed Date of Entrance  
\_\_\_\_\_

Grade for which applying \_\_\_\_\_ Year \_\_\_\_\_ .

Male \_\_\_\_\_ Female \_\_\_\_\_ Elem. (1-5) \_\_\_\_\_ Sec. (6-12) \_\_\_\_\_

**FOR KINDERGARTEN ONLY**

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Birth Cert. No. \_\_\_\_\_

Previous Kindergarten or Pre-School Program(s) Attended:  
\_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**ACADEMIC HISTORY**

Has student previously been enrolled at Oak Hill Academy?

Yes \_\_\_\_\_ No \_\_\_\_\_

Grade \_\_\_\_\_

No. of Yrs. \_\_\_\_\_

**Please list previous school(s) attended:**

Name \_\_\_\_\_ City \_\_\_\_\_

Grade(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Address of last school attended and phone number to contact:

\_\_\_\_\_

Principal or Counselor's  
Name: \_\_\_\_\_  
\_\_\_\_\_

**Please complete for students grades 7-12:**

Has Student been suspended or expelled from school? \_\_\_\_\_

If yes, why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was he or she readmitted? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has applicant ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if yes:

\_\_\_\_\_

\_\_\_\_\_

**Total units of academic work completed by subject area:**

***SUBJECT***

***UNITS***

English  
Math  
Science  
Language  
Social Studies

Please provide other information about your child which would enable us to better serve him/her:

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**FAMILY INFORMATION:**

Parent or Legal  
Guardian: \_\_\_\_\_  
\_\_\_\_\_

Father's Full  
Name: \_\_\_\_\_  
\_\_\_\_\_

Home  
Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Home  
Phone: \_\_\_\_\_

Business  
Phone: \_\_\_\_\_  
\_\_\_\_\_

**Please check all which apply:**

Student resides with Mother and  
Father: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

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Mother and Father are both living:

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Mother is deceased

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Father is deceased

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Parents are living together \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_

**MAILING INFORMATION**

Send mail to (please check one) Home

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Business \_\_\_\_\_

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Other (Please specify) \_\_\_\_\_

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If grades, comments, and other correspondence are to be mailed to parents with separate addresses, please indicate:

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Name, address, and telephone number of person(s) to be contacted in case the parents or guardian cannot be reached:

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Grandparents:  
Paternal \_\_\_\_\_

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Address and Zip if living \_\_\_\_\_

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Maternal \_\_\_\_\_

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Address and Zip if living

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**EMERGENCY AND MEDICAL INFORMATION**

Person(s) to contact in case of emergency: \_\_\_\_\_ Phone No. \_\_\_\_\_

Physician to be contacted in emergency situation \_\_\_\_\_ Phone  
No. \_\_\_\_\_

City \_\_\_\_\_

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If emergency treatment is required and the parents cannot be reached immediately, may school authorities use their own judgment in

calling the doctor indicated above, or if we cannot get in touch with him/her, may we call another doctor?

Yes \_\_\_ No \_\_\_

If no, please specify actions to be taken by school officials:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

May Tylenol be given? Yes \_\_\_ No \_\_\_

Please list any medical problems which your child may have, i.e. , allergies, heart abnormalities, asthma, diabetes, hearing, vision, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Is applicant currently, or has he/she been under psychiatric care or counseling services:  
Yes \_\_\_ No \_\_\_

**Parent Consent**

Field trip and athletic trip permission:

My child has permission to go on all supervised field trips, to class parties, and to athletic competition sponsored by Oak Hill Academy. I understand that I will be notified of all field trips and class projects which will take my child off campus prior to the event itself. Transportation will be provided on an Oak Hill Academy bus or in vans or private cars. I understand that all reasonable precautions will be taken to insure my child's safety on these outings. I will not hold Oak Hill Academy or any parent or school employee responsible in case of an accident.

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Signed Parent/Guardian

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Date

**Statement of understanding**

I understand that:

A. Prior to my child's admission, I must have completed and returned the completed and returned the completed application to the Headmaster's office.

B. I must attach a copy of my child's most recent report card unless he/she is entering kindergarten or grade one and a recent standardized achievement test score (s) if available (new students only).

C. My child's standardized achievement test scores may be used as one factor in determining acceptance to OHA and he/she may be required to take other tests to determine admission and/or placement.

D. My child's admission depends upon vacancies in the grade to which he/she is applying and a determination by Oak Hill Academy that my child has met all other admission requirements set forth by the school's administrative staff and Board of Directors.

E. All new applications for admission are subject to approval by the Board of Directors of the Clay County Educational Foundation.

F. Oak Hill Academy reserves the right to dismiss any student whose conduct or academic progress is not in compliance with the school's regulations, policies and 'or standards.

G. Regular and punctual attendance is required for satisfactory completion of the school program, and that every student is expected to be in regular attendance unless health or some other urgent reason prohibits him/her from doing so.

H. Students enrolling in kindergarten or first grade at Oak Hill Academy or those students in grades 2-12 who are new enrollees at Oak Hill during the current school year must provide the school a blue "Certificate of Compliance" which states hat all immunizations are up-to-date.

I. Understand the terms of this application and certify that to the best of my knowledge the information provided here is correct.

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Signed Parent/Guardian

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Date

