

Oakbrook Preschool
190 Lincoln School Rd.
Spartanburg, SC 29301
(864) 587-2060

* I have attended a tour of the school.
* I have not attended a tour of the school

Preschool
Application For Admission

Student Information

Name: _____
(Last) (First) (Middle)

Preferred Name: _____ K3, MWF _____ K3, Five Day _____

Program to enter: K-4, MWF _____ K-4, Five Day _____ K-5, Full Day _____

Date of Birth: _____ Male: Female: S.S. No.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Family Information

Father's full name _____ Address: _____
(if different from above)

Occupation: _____ Employer: _____ Bus. Phone: _____

Education: _____ Name of Church: _____

Father's email Address: _____

Mother's full name: _____ Address: _____
(if different from above)

Occupation: _____ Employer: _____ Bus. Phone: _____

Education: _____ Name of Church: _____

Mother's email Address: _____

Siblings:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
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Are both parents living? _____

With whom does the child live? _____

Student's Academic Info

Preschool(s) Attended:

School Name

Address

Attendance Date

Name of most recent teacher: _____

Most recent teacher's contact number and/or email address: _____

Has the student experienced any serious injuries or operations, or is there a health condition that the school should be aware of? _____

Is the student currently taking any medication? Please list names and frequency of doses. _____

Has the student ever received any counseling or evaluation regarding learning disabilities or has conduct been an issue at a former school or daycare? _____

Will you agree to further testing and/or tutoring as recommended by the school director? _____

Parent Questionnaire

In order for us to know you and your child better, please answer the following questions:

Please describe what you believe to be your child's greatest talents and assets. _____

Why do you want your child to attend Oakbrook Preschool? _____

What kinds of activities do you enjoy doing together as a family? _____

What kind of discipline/reward system do you practice at home? _____

What is your greatest hope for your child? _____

Signature Page

Please read and sign the following statement:

I hereby certify that all information provided on this application and all Information given to Oakbrook Preschool is accurate and complete. **I understand that falsification or omission of information may result in disqualification of the applicant or subsequent dismissal from Oakbrook Preschool.**

I also understand that all information submitted to Oakbrook Preschool is confidential and that the Admissions Committee may disclose, for official purposes only, any information received from the applicant's family. I give Oakbrook Preparatory School permission to obtain all pertinent information from preceding school(s).

Signature of parents:

Father _____ Date _____

Mother _____ Date _____

Admissions Committee:

Amanda Ledbetter	Admission Director
Adair Hinds	Head of School
Nancy Seay	Upper School Director
Dawn Rollins	Middle School Director
Vickie Bolduc	Lower School Director

Please mail this form and an application fee of \$50 to:

Admissions
Oakbrook Preparatory School
190 Lincoln School Rd.
Spartanburg, South Carolina 29301

To enable us to better serve our school families, please supply the following information.

How did you hear about our school? Please circle one

Friend Advertisement Other (explain) _____

Please rate the reasons why you chose our school, with 1 being the first and foremost reason.

_____ Curriculum	_____ Christian environment	_____ Philosophy
_____ Tuition Rates	_____ Other (explain)	_____ Location

Oakbrook Preparatory School does not discriminate on the basis of race, gender, national or ethnic origin, or religion.

Preschool Behavior Checklist K-3 & K-4
Oakbrook Preschool

1. Today's Date-
2. Completed By-

Understanding that each child is uniquely created by God for His purpose, it is the goal of Oakbrook Preschool staff to gain knowledge about each student. The purpose of this questionnaire is to help the parent prepare his/her child for school and to help the teacher prepare the optimum learning environment. It is not the expectation of the staff that every child will always behave as stated in the questionnaire. Our staff wants to make the Preschool an enjoyable learning experience for everyone enrolled.

For each statement mark the letter A if the statement ALMOST ALWAYS or ALWAYS applies to how you raise your child. Mark the letter F if the statement FREQUENTLY applies. Mark the letter S if the statement SOMETIMES applies. Mark the letter N if the statement ALMOST NEVER or NEVER applies.

A= ALMOST ALWAYS/ALWAYS F= FREQUENTLY S= SOMETIMES N= ALMOST NEVER/NEVER

- | | |
|---|---------|
| 1. I spend an hour each day playing with or reading to my child. | A F S N |
| 2. My child should be able to toilet without help
(manage clothes, operate facilities, etc). | A F S N |
| 3. My child is able to stay dry during the day. | A F S N |
| 4. My child can feed himself/herself using a fork and spoon,
and drink from a cup without a top. | A F S N |
| 5. My child takes naps. | A F S N |
| 6. My child should be able to walk up and down stairs using the rail. | A F S N |
| 7. My child can catch a bouncing ball. | A F S N |
| 8. My child enjoys playing dress up and make believe. | A F S N |
| 9. My child can follow directions and take turns
when playing simple games. | A F S N |

10. My child is able to share toys. A F S N
11. My child should be able to solve problems he/she has with other children. A F S N
12. My child can say his/her first and last name. A F S N
13. My child knows his/her address and/or telephone number. A F S N
14. My child separates in a reasonable amount of time from a parent. A F S N
15. My child can draw simple shapes and faces. A F S N
16. I talk to or hold my child when he/she is scared. A F S N
17. My child should be able to name at least 5 body parts. A F S N
18. I expect my child to help with some simple household chores. A F S N
19. My child puts away his/her toys when asked. A F S N
20. My child has a regular bedtime routine (bath, story, prayers, etc.). A F S N
21. My child enjoys working simple puzzles. A F S N
22. My child should be able to play alone for 30 minutes. A F S N
23. My child's speech is understandable to most people. A F S N
24. My child is demanding of my attention. A F S N
25. My child responds in a timely manner when I ask him/her to change activities. A F S N
26. My child is able to hold a pencil or crayon correctly. A F S N
27. My child is able to cut with scissors. A F S N

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