

Application/Registration Form
Five Oaks Adventist Christian School

4124 Farrington Road, Durham, NC 27707

Phone: 919.498.5555

www.fiveoaksschool.org

Student Information

Full Legal Name		Home Address	
Preferred Name			
Social Security Number		Billing Address (if different from above)	
Home Phone			
E-mail Address		Birthdate	Gender
Student SDA baptized?	Date of Baptism	City of Birth	State of Birth
Student Number (Office Use Only)			

Parent Information

Information	Father or Guardian (please circle)	Mother or Guardian (please circle)
	NATURAL___ STEP___ FOSTER___ (please check)	NATURAL___ STEP___ FOSTER___ (please check)
Legal Name		
Home Address		
Home Phone		
Cell Phone		
Email Address		
Social Security Number		
Birth Date		
Birth Place		
Marital Status		
Citizenship		
Religious Affiliation		
Church Membership		
Years of Education		

Occupation		
Work Name, Address and Phone		

Sibling Information

Name (first and last)	Date of Birth	School Attending
Name (first and last)	Date of Birth	School Attending
Name (first and last)	Date of Birth	School Attending
Name (first and last)	Date of Birth	School Attending

Current/Previous School

School Name		
Address		
Telephone	Fax	Name of Principal
Current Grade	Dates Attended	Grade Entering Five Oaks

If your child has any medical conditions, special dietary needs or allergies, please tell us about them below.

If your child has learning disabilities; or if you, or someone else, has suspected learning disabilities, please explain below. Copies of any tests for learning disabilities or individual learning plans must be submitted.

Has your child ever failed a grade in school, been expelled or been refused admission to another school?

Yes No If yes, please explain.

What are your child's extracurricular activities, abilities, hobbies and achievements?

Please write on the lines below any additional information that would be helpful in assisting us in the guidance of your child.

Please explain why you want your child to attend Five Oaks Adventist Christian School.

How did you find out about Five Oaks Adventist Christian School?

I have **enclosed the non-refundable \$475.00 registration fee**, payable to Five Oaks Adventist Christian School. Remittance address is listed below.

Five Oaks Adventist Christian School
4124 Farrington Road
Durham, NC 27707

I certify that the information provided on this application is accurate and complete.

I understand that Five Oaks Adventist Christian School admits only students whose educational needs it has the resources to meet.

The Five Oaks Adventist Christian School does not discriminate in admissions on the basis of sex, race, color, religion or National origin.

I understand that submission of this application does not constitute admission to Five Oaks Adventist Christian School.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date