



Oakridge Private School

International Application for Admission 2022-23

Application Procedures

Thank you for your interest in Oakridge Private School. We believe that you will be pleased with the fine record of academic achievement, for which our school programs are noted, as well as the care given by our excellent faculty and staff for the past three decades. Your application will be processed through the Admissions Office and any questions, related to the application, may be directed to the International Admissions Director, who will be glad to assist you through the application process.

<http://www.oakridgeschool.org>

Application Checklist – International Students

Please use this checklist to ensure that the complete application is submitted to the Admissions Office. Applicants will be considered when all the following items have been received.

- International Application for Admission, completed in its entirety
- Transcripts (Please include grades for the past two years, translated into the U.S. grading system)
- Standardized Test Scores (If transferring from U.S. School)
- Two Letters of Recommendation, from current school, by teacher or administrator
- Copy of I-20 (If transferring from U.S. School)
- Copy of Applicant Passport ID page (With Picture)
- Official Bank Verification Letter (In English)
- Copy of Immunization Record with completed Vaccine Verification form (In English)
- Student Introduction Video (2-3 minutes – submitted via email or other electronic source)
- Application Fee \$750.00 (non-refundable)
- Tuition Deposit \$1000.00 (non-refundable; remaining tuition due upon visa approval)
- Signed Parent Agreement/Tuition Form

****THE FOLLOWING ITEMS ARE NEEDED BEFORE STARTING SCHOOL**

- Proof of Student Health Insurance

Last Name: _____ First Name: _____ Student I.D. #: _____ Application Year: _____

International Application for Admission

Application Fee

Enclosed with this application is a one-time non-refundable application fee of \$750.00 and non-refundable tuition deposit of \$1000 totaling, \$1750. Payable by: Bank Transfer, International Money Order or a check drawn on a US bank. _____

If my child is accepted, I understand the entire non-refundable annual tuition is due upon F1 Visa Approval. _____

Student Information

Student's Full Name _____ Male Female

Student's Preferred English Name _____

Date of Birth ____/____/____ Student's Age ____ Current Grade ____ Grade Applying For ____

Birth Country _____ Country of Citizenship _____

Native Language _____ Spoken Languages _____

Foreign Address _____

City: _____ Province/Territory _____

Postal Code _____

United States Information

Please indicate whom the student will be living with. (This section may be left blank if not known)

Name _____ Relation to student _____

Address _____ City _____ Zip _____

United States Phone _____ Secondary Phone _____

Email _____ Occupation _____

Name _____ Relation to student _____

Address _____ City _____ Zip _____

United States Phone _____ Secondary Phone _____

Email _____ Occupation _____

International Application for Admission

Educational History

Current School _____ Country _____

Academic strengths: _____

Academic weakness: _____

How well does the applicant speak English? _____ Basic _____ Intermediate _____ Advanced

Has the student taken any of the following English language tests: ___ TOEFL ___ TOEFL Jr.

___ iTep SLATE ___ Other. Please provide student score: _____

Has the applicant ever been evaluated for (if yes, explain on a separate sheet of paper and provide professional reports)?

Learning Differences No Yes

Psychiatric/Psychosocial Problems No Yes

Hearing Problems No Yes

Behavioral Problems No Yes

Visual Problems No Yes

I.Q. No Yes

Does the applicant take any prescribed medication or need any special medical attention? If yes, please explain:

Condition _____ Medication _____

Condition _____ Medication _____

Have there been any situations in the applicant's life which the school should know about in order to meet his or her learning or developmental needs (i.e.: frequent moves, frequent changes of school, death in the family, divorce, etc.)?

Has the student ever been subject to major disciplinary action (administrative intervenes, suspension or dismissal) in any school? No Yes

If yes, please explain: _____

Extracurricular interests, abilities, achievements, musical instruments played:

International Application for Admission

Parents / Guardians / Siblings

Father/Guardian's
Name _____

Mr. Dr.

International Address _____

Phone _____ Occupation _____

Father's Email: _____

Other Phone _____

Mother/Guardian's
Name _____

Mrs. Ms. Dr.

International Address _____

Phone _____ Occupation _____

Primary Email: _____

Other Phone _____

Please List the Names and Ages of the Student's Siblings

Name _____ Age _____ Boy ___ Girl ___

Name _____ Age _____ Boy ___ Girl ___

Name _____ Age _____ Boy ___ Girl ___

Visa Information

Do you currently have a United States Visa? _____

What type of Visa? _____

Issue Date _____ Expiration _____

Do you have a current I-20? _____ Issued by which U.S. School _____

International Application for Admission

Parent Signature

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the student's medical, educational or emotional history may affect the school's admission decision and that the school reserves the right to reverse an admission decision, even after acceptance and enrollment, at the school's sole discretion. I also understand all fees and tuitions are non-refundable.

Print Parent/ Guardian's Name

Parent/Guardian's Signature: _____ Date:

Parent Survey

How did you learn of Oakridge Private School?

- Friends/Neighbors Oakridge Parent Campus Sign Oakridge Website Online
 Newspaper/Magazine AD Other _____

Please rank the following factors in your school selection, giving 1-10 / 10= most important & 1 = least important

- _____ Strong Academics _____ Quality of teachers _____ Small class sizes
_____ Safe, secure campus _____ Technology in curriculum _____ Enrichment classes
_____ Afterschool programs _____ Sports program
_____ Other:

International Application for Admission

School Civil Rights

SCHOOL CIVIL RIGHTS AGREEMENT

I understand the student is expected to behave in a respectful, polite manner, obeying all rules and regulations of Oakridge School in the classrooms, playgrounds and facilities. Any disruptions and or infractions will result in *immediate dismissal / expulsion* of the student and forfeiture of all fees and tuition.

Each and every student has rights and responsibilities as set forth below, regardless of nationality, gender, race, ethnic or religious background:

1. Each student will enjoy the same quality education as every other student in their class level.
2. All students must respect all other students in all grade levels by never hurting, hitting, pushing, pulling, fighting or touching them in any way at any time.
3. Students are not allowed to speak vulgar, profane, or curse words in any language at any time—not even “I hate you.”
4. Bullying of any kind will never be tolerated. Including inappropriate social networking/media practices.
5. Oakridge School retains the right to immediately expel any student who breaks this agreement - Expulsion/Dismissal decisions will be at the sole discretion of Oakridge School administration.

Signatures below certify that all parties have read, understand and agree with the above School Civil Rights agreement.

Print Parent/ Guardian's Name

Parent/Guardian's Signature: _____ Date: _____

Student Signature _____ Date: _____

Office Use Only: App. Received ____/____/____ Grade ____ Copy of Passport ____

Shot Records ____ Date of Enrollment ____/____/____

International Application for Admission

Vaccine Verification

Vaccine Verification:

Student Name: _____ Birth Date: _____

Please clearly list the dates each for vaccine given. All requirements must be met for student to attend school. **(This form must be accompanied with corresponding vaccination evidence in English)**

Polio (Four Doses Required)

Date: _____ Date: _____

Date: _____ Date: _____

DTap/Tdap – Diphtheria, Tetanus, pertussis (Four Doses Required for ages up through 11. Five Doses Required for ages 12 and up)

Date: _____ Date: _____

Date: _____ Date: _____

**Date: _____ ** (Ages 12 and up)

MMR – Measles, mumps, rubella (Two Doses Required)

Date: _____ Date: _____

Hepatitis B (Three Doses Required)

Date: _____ Date: _____

Date: _____

Varicella – Chicken Pox (Two Doses Required) *If student had disease the vaccine is not required, but must be confirmed by medical doctor.

Date: _____

Date: _____

International Application for Admission

Exact I-20 Mailing Address

PLEASE PROVIDE THE EXACT MAILING ADDRESS AND NAME FOR SHIPPING I-20

(MUST FILL IN COMPLETELY AND TYPE OR WRITE CLEARLY)

FULL FIRST NAME _____ FULL LAST NAME _____

COMPANY (if applicable) _____ PHONE NUMBER _____

ADDRESS 1 _____

ADDRESS 2 _____

PROVINCE _____

CITY _____

POSTAL CODE _____

COUNTRY _____

EMAIL _____