



OAKLEY SCHOOL

Biographical Information

Please take the time to complete these forms accurately and legibly as they will become official enrollment records if your student enrolls at the Oakley School.

Applicant Name: _____
Last First Middle Social Security Number

Gender: Female Male Date of Birth: _____ Birth Place: _____

Age: _____ Weight: _____ Height: _____

Father's Name: _____
Last First Middle Social Security Number

Date of Birth: _____ Occupation: _____ Employer: _____

Degree: _____ E-mail Address: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

Preferred phone number: _____ Best times to be reached: _____

Mother's Name: _____
Last First Middle Social Security Number

Date of Birth: _____ Occupation: _____ Employer: _____

Degree: _____ E-mail Address: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

Preferred phone number: _____ Best times to be reached: _____

Biographical Information
(Continued)

Are parents divorced? Yes No Student's primary residence: _____

Custody of student: _____

Is father remarried? Yes No Name of Spouse: _____

Is mother remarried? Yes No Name of Spouse: _____

Is the student adopted? Yes No At what age? _____

Brothers and/or Sisters

| | | | |
|------|-----|--------|-------|
| Name | Age | School | Grade |
|------|-----|--------|-------|

| | | | |
|------|-----|--------|-------|
| Name | Age | School | Grade |
|------|-----|--------|-------|

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|------|-----|--------|-------|
| Name | Age | School | Grade |
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|------|-----|--------|-------|
| Name | Age | School | Grade |
|------|-----|--------|-------|

Citizenship Status:

- US Citizen
- US resident but not US Citizen (Country of Citizenship if not US: _____)
- Nonresident Alien (list visa type): _____

Ethnicity:

- African American Asian White First Nation/Aboriginal Canadian Hispanic/Latino
- Native (American or Alaskan) Native Hawaiian or Other Pacific Islander
- Other(s), specify: _____

How did you learn about the Oakley School?

- Educational Consultant/ Clinical Professional(please list) _____
- Alumni Family Internet Other Advertising Material
- Another Program (please list) _____
- Other (please explain) _____

Admission Record
(for the admissions office to complete)

Date of enrollment: _____ Admissions Staff: _____ Signature: _____

Dorm: _____ Therapist: _____ ID #: _____