



## Application for Admission Grades 6-8

Oakwood Friends School is committed to a diverse community. Accordingly, we encourage and welcome applications from students of all racial, ethnic, religious and socioeconomic backgrounds. Admissions decisions are made on the basis of an applicant's strengths, talents and potential to succeed academically and contribute positively to the community.

PLEASE TYPE OR PRINT (BOTH SIDES)

- Fill in all sections and sign the Application, return with a \$40.00 application fee to the Admissions Office.
- Give "Transcript and Testing Release Form" to current and past schools. Oakwood Friends requires a minimum of two years of previous academic records, plus year to date.
- Give your current Math and English teachers your Oakwood Friends School's confidential forms and ask them to return the completed forms directly to us.
- Give the confidential Personal recommendation to an adult who knows you well and ask that person to return the completed form directly to us.
- An on-campus visit and interview are required.

**Mail to:**

Oakwood Friends School  
Office of Admissions  
22 Spackenkill Road  
Poughkeepsie, NY 12603

**Phone:** (845) 462-4200

Admissions: (800) 843-3341

**Fax:** (845) 462-4251

**E-mail:** admissions@oakwoodfriends.org

Date \_\_\_\_\_

### I. Student Information

Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 City/State of Birth \_\_\_\_\_ Gender  Female  Male  
 Date of Birth \_\_\_\_\_ For Grade \_\_\_\_\_ For Academic Year \_\_\_\_\_  
 Applicant lives with:  Mother  Father  Both Parents  Step-parent  Female Guardian  Male Guardian  
 Correspondence to:  Mother  Father  Both Parents  Step-parent  Female Guardian  Male Guardian

### II. Parent/Guardian Information

#### *Mother or Female Guardian*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

#### *Father or Male Guardian*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### III. Current or Previous Schools

Present School _____	Previous School _____
Grades Attended _____	Grades Attended _____
Address _____	Address _____
Phone _____	Phone _____

### IV. Family Information

#### *Children in family (other than applicant)*

Name _____	Age _____	Present School _____
Name _____	Age _____	Present School _____
Name _____	Age _____	Present School _____

#### *Grandparent Information*

Name \_\_\_\_\_  Maternal  Paternal

Address (Street, City, State, Zip, Country) \_\_\_\_\_

Name \_\_\_\_\_  Maternal  Paternal

Address (Street, City, State, Zip, Country) \_\_\_\_\_

If members of the Society of Friends, please give name of Monthly Meeting \_\_\_\_\_

Is either parent an alumnus/a of Oakwood Friends School?  Yes, Class of \_\_\_\_\_  No

How did you hear of Oakwood Friends? \_\_\_\_\_

### V. Medical Information

Is applicant currently undergoing any medical treatment? .....  Yes  No

Is the applicant currently taking any medication? .....  Yes  No

Does the applicant have any diagnosed learning differences? .....  Yes  No

Has the applicant undergone any educational testing within the last two years? .....  Yes  No

Has the applicant ever undergone psychological testing? .....  Yes  No

Are the applicant's physical activities restricted? .....  Yes  No

Has the applicant had professional counseling with a counselor, psychiatrist, psychologist, or family doctor within the last two years? .....  Yes  No

Has the applicant attended a treatment program of any type within the last two years? (including drug, alcohol, tobacco, emotional) .....  Yes  No

If the answer is "Yes" to any of the above, please give us a full explanation on a separate sheet. Include dates, reports, and names and phone numbers of professionals.

Candidates for the Learning Skills program must submit a Psychoeducational Report done within the last two years.

### Parent/Guardian Certification

I/We certify that no information concerning the health of this applicant has been withheld or misrepresented.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Student Applicant)

Non-refundable \$40.00 application fee enclosed with this form.

# Middle School Short Answer and Essay

(grades 6-8)

**1. Please complete the following sentences:**

The most important person in my life is \_\_\_\_\_

\_\_\_\_\_

I am happiest when \_\_\_\_\_

\_\_\_\_\_

My greatest skill or talent is \_\_\_\_\_

\_\_\_\_\_

Some day I would like to \_\_\_\_\_

\_\_\_\_\_

I would like to be better at \_\_\_\_\_

\_\_\_\_\_

With my friends, I like to \_\_\_\_\_

\_\_\_\_\_

My most memorable day was \_\_\_\_\_

\_\_\_\_\_

**2. Please, in your own handwriting, tell us something about yourself. You may want to think about the things that you enjoy doing, the people you like to spend time with, a favorite pastime, place or pet, or anything else you would like to share.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

