



Meadow
Oaks
Academy

1903 E. Roeser Rd
Phoenix, AZ 85040

(602) 609-2824

APPLICATION FOR ADMISSION

Academic Year _____ Grade Applying for _____

New Student **Y** **N** Transfer Student **Y** **N** Grade Completed _____

Applicant's Legal Name _____
First Middle Last

Applicant's Address _____
City

Applicant's Home Telephone (_____) _____
State Zip

Gender: Male Female Social Security _____

Birthday _____ Birthplace _____ Citizenship _____

Student Adopted _____ At what age _____ (MOA needs a copy of custody arrangements)

Does the student know? _____ Both Parents living together? _____

Divorced _____ Separated _____ Stepmother _____ Stepfather _____

Student's Current School _____ Telephone # of Current School (_____)

Address of Current School _____ Fax# of Current School (_____)

Custodial Parent or Guardian _____

Occupation / Title _____

Employer _____

(_____) _____
Work Phone #

(_____) _____
Cell Phone #

E-Mail Address _____

SS # _____

DL# _____

Spouse _____

Occupation / Title _____

Employer _____

(_____) _____
Work Phone #

(_____) _____
Cell Phone #

E-Mail Address _____

SS # _____

DL# _____

WWW.MEADOWOAKSACADEMY.COM

**Private
ELEMENTARY**
18 mos to Pre K - 4

**Private
PRESCHOOL**
18 mos to Pre K - 4

ON SIGHT
Before Care
After Care

Public School
Pick - Up

Applicant lives with (Check any that apply):

Mother Stepmother Father Stepfather

Other _____

Relationship

Check any that apply:

Father Deceased – Date _____

Mother deceased – Date _____

Parents Separated – Date _____

Parents Divorced – Date _____

Who lives at home with the student?

(Please list all members that are living at home and their relationship to your student. Include name and age)

| Name | Age | Grade | School / Relationship |
|-------|-------|-------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does the student have siblings that do not live in this home? _____

Please state why you would like to enroll this student at Meadow Oaks Academy:

Has the student ever repeated a grade or grades? _____ If yes, which one (s)? _____

Please explain _____

Has student ever had any serious discipline problems, been suspended, or expelled from school? _____

If yes, please explain _____

Has the student ever been tested or received special help for reading or learning differences? _____

If yes, please explain _____

Please list any mental, emotional, or physical challenges which may effect the student's activities or progress.

Does the student regularly require any medication? _____

If yes, please explain the types _____

Other children living in the family:

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

Who has legal custody of applicant? _____

Financial Responsibility for applicant will be assumed by: _____

If different from Mother and/or Father on Page 1, please provide the following information:

Name Social Security # Home Telephone# Work Telephone #

Address City State Zip

Please review Tuition and Fee Schedule and make the appropriate method of payment: _____ In Full
_____ Monthly _____ Weekly _____ Bi-Monthly

All information regarding grades, transportation, and correspondence should be sent to:
 Mother Father Both Other _____

Is a language other than English spoken in your home? _____ Yes _____ No
If Yes, which language? _____

Limitations in your child's physical activities or other health concerns about which the school should be aware:

M.O.A. has my permission to use my child's picture in any, publications, advertisements in local newspapers, television, etc. Yes No

How did you hear of Meadow Oaks Academy? _____

Has your student previously attended Meadow Oaks Academy? _____ If so, what year? _____

It is understood that this application is made to the terms of admission, acceptance by School Administration, and tuition rates are in effect at the time of entrance to Meadow Oaks Academy.

Signature of Parent/Guardian _____ Date _____

Meadow Oaks Academy does not discriminate on the basis of national or ethnic origin, race, gender, color, or disability in administering its educational policies, financial assistance program or other school programs.



B/A B A

School #:

Enrollment Date

Emergency Contacts

Please list emergency contacts and those authorized to pick up your child.

Allergies

Name

Relationship to Child

Phone Number

TX DL#

Previous Serious Illness?

Long Term Medications?

Does child have permission for:

Field Trips Yes / No

Swimming Yes / No

Water Play Yes / No
(Includes Sprinklers, Wading Pool, Water Table Play)

Transportation Yes / No

Evacuation Yes / No

Video / Programs Yes / No

Pediatrician:

Pediatrician's Number:

Prior School History

Previous schools/preschool your child has attended:

In case of an emergency, I authorize Meadow Oaks Academy to seek medical care or treatment for my child at:

OR Alternate Hospital:

Parent/Guardian Signature:

Date: _____