

STUDENT APPLICATION



1393 BOSTON POST ROAD WESTBROOK, CONNECTICUT 06498-1953

Telephone (860) 399-6247 Facsimile (860) 399-5555

www.oxfordacademy.net



APPLICATION FOR ADMISSION

Application Checklist:

- Completed Oxford Academy Applications
- Teacher Recommendation Forms (2)
- Educational and psychological testing such as the WISC or Woodcock Johnson - within the last three years
- Official School Transcript
- Recent Photograph, if available
- \$65 Domestic Application Fee
- \$125.00 International Application Fee

The Oxford Academy Admissions Office requires the application, educational testing, and the application fee prior to scheduling a formal interview. If you are interested in visiting the campus before beginning the application process, please contact the Admissions Office to arrange an informational tour.

The Oxford Academy admits students of any race, color, sex, and national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.



STUDENT INFORMATION



Applying for: Boarding Day
 Summer

Applying for Grade: _____ Current Grade: _____

Entry Year 20_____ Summer 20_____

Please attach a current photo above

Applicant's Name: _____

(First) (Middle) (Last)

Preferred Name: _____

Date of Birth (M/D/Y): _____

Address: _____

(Street and Number)

(City) (State) (Country) (Zip)

Is the applicant adopted? Yes No

Does the applicant have any allergies? Yes No EpiPen® Yes No

If yes, please describe: _____

Does your child receive support services, if yes please describe:



STUDENT INFORMATION

The following information is asked to assist us in understanding your son's needs to the fullest and, if accepted, to provide the best information to our planning teams as they prepare for his education.

Is your son currently taking any prescription medications? Yes No

*If you checked "Yes" please list the medication and for what purpose prescribed:

Medication	Purpose

Has your son displayed behavioral/ emotional problems in school or at home?

Yes No If yes, was counseling required: _____

Does your son have history of theft, tobacco use, alcohol abuse, illicit drug use, or prescription drug abuse?

Yes No

If yes, feel free to elaborate further, if necessary, by attaching a written explanation of the problem and the treatment thereof. Thank you for your cooperation.

The Oxford Academy reserves the right to withdraw a student's acceptance or terminate placement if information pertinent to your son's application has been either intentionally or inadvertently withheld or misrepresented.

This Form was completed by:

Name/s (please print)

Signature (Parent/Guardian)

Date

Signature (Parent/Guardian)

Date



FAMILY INFORMATION

Parent 1: _____

(FIRST) (MIDDLE) (LAST)

Address: _____

(Street and Number)

(CITY) (STATE) (COUNTRY) (ZIP CODE)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation: _____

Post-Secondary Education & Degrees: _____

Parent 2: _____

(FIRST) (MIDDLE) (LAST)

Address: _____

(Street and Number)

(CITY) (STATE) (COUNTRY) (ZIP CODE)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation: _____

Post-Secondary Education & Degrees: _____

Parents are: Married Separated Divorced Other

With whom does the applicant live - any special circumstances?



PARENT QUESTIONNAIRE

The parent or guardian must answer the following questions on pages 6-7.

Student's Full Name

Date

1. How would you describe your son's strengths, both in and out of the classroom?

2. How would you describe your son's current attitude toward learning?

3. In what types of activities or environments does your son feel most comfortable?



4. Has your son ever repeated a grade? If so, what were the circumstances?

5. What educational services has your son received? Were they effective?

6. How does your son feel about the possibility of attending The Oxford Academy?

7. What are your goals/hopes for your son should he attend The Oxford Academy?



APPLICANT QUESTIONNAIRE

*The **applicant** must answer the following questions on pages 8-9. Please answer in your own writing or attach answers to this form.*

1. How would your friends describe you?

2. If you could do anything about your school, what would it be and why?

3. Describe three (3) things you like to do with your friends:

1.

2.

3.

4. If you could do anything when you grow up, what would you most like to do?

5. Why do you want to come to The Oxford Academy?



6. How would you like The Oxford Academy to help you?

7. Do you enjoy competitive sports? Yes No Favorite: _____

8. Do you enjoy creating art? Yes No Favorite: _____

9. Do you like to use computers? Yes No

10. Do you make friends easily? Yes No

11. Do you work well with others? Yes No

12. What is your favorite subject? Math Science History
 Literature Other: _____

13. Do you play video games? Yes No

14. How do you learn? Seeing Listening Doing

This form was completed by:

Applicant Name (print)

Signature

Date



MATH TEACHER REFERENCE FORM

Confidential

Student's Full Name

Date

The student named above is an applicant to The Oxford Academy (for information please visit our website at www.oxfordacademy.net). Your answers will help us to better understand the applicant's learning style and his relationship with peers and the school community. We appreciate your thoughtful comments. Please return the form at your earliest convenience to the Admissions Office. This information is confidential and will not be shared with the applicant or his family.

1. How long have you been working with the applicant? Is he on grade level?
2. What specific content and skills has the applicant been working on this term?
3. Describe any teaching strategies you found to be particularly effective.
4. How well does he solve problems? How does he deal with abstract concepts?



5. What do you perceive to be the applicant's area of greatest need in mathematics?

Where would you place him next?

Please circle the response that best fits the behavior of the applicant. You may circle more than one response or provide additional observations if none are appropriate.

Course Name: _____

Attention/Focus	outstanding	good	fair	of concern
Organization	outstanding	good	fair	of concern
Effort/Attitude	outstanding	good	fair	of concern
Work ethic	outstanding	good	fair	of concern
In-class behavior	outstanding	good	fair	of concern
Class participation	outstanding	good	fair	of concern
Assignment completion	outstanding	good	fair	of concern
Relationship with peers	outstanding	good	fair	of concern
Relationship with adults	outstanding	good	fair	of concern
Self confidence	outstanding	good	fair	of concern
Character	outstanding	good	fair	of concern

Please indicate any other additional observations that you think would be helpful:

Name of person completing this form

Title

Signature

School

City/State

Date



ENGLISH TEACHER REFERENCE FORM

Confidential

Student's Full Name

Date

The student named above is an applicant to The Oxford Academy (for information please visit our website at www.oxfordacademy.net). Your answers will help us to better understand the applicant's learning style and his relationship with peers and the school community. We appreciate your thoughtful comments. Please return the form at your earliest convenience to the Admissions Office. This information is confidential and will not be shared with the applicant or his family.

1. How long have you been working with the applicant? Is he on grade level in his reading and writing?
2. What specific content and skills has the applicant been working on this term?
3. Describe any teaching strategies you found to be particularly effective.
4. Please describe the student's ability to express himself.



5. What do you perceive to be the applicant's area of greatest strength?

Please circle the response that best fits the behavior of the applicant. You may circle more than one response or provide additional observations if none are appropriate.

Attention/Focus	outstanding	good	fair	of concern
Organization	outstanding	good	fair	of concern
Effort/Attitude	outstanding	good	fair	of concern
Work ethic	outstanding	good	fair	of concern
In-class behavior	outstanding	good	fair	of concern
Class participation	outstanding	good	fair	of concern
Assignment completion	outstanding	good	fair	of concern
Relationship with peers	outstanding	good	fair	of concern
Relationship with adults	outstanding	good	fair	of concern
Self confidence	outstanding	good	fair	of concern
Character	outstanding	good	fair	of concern

Please indicate any other additional observations that you think would be helpful:

Name of person completing this form	Title	Signature

School	City/State	Date



SCHOOL TRANSCRIPTS AND RECORD RELEASE

Confidential

Parent of Applicant: Please complete the form below and submit it to your son's current school. Transcripts **MUST** be sent directly to The Oxford Academy with the official seal from the school registrar.

Full Name of Applicant

Parent/Guardian Name

Signature

Date

Parent telephone number

School Registrar: The above-named student is applying to The Oxford Academy. Please submit official high school academic information including standardized test results, courses taken, and grades received. If available, an explanation of your grading system would be most helpful. Your assistance is appreciated.

Please forward to: Admissions Office
The Oxford Academy
1393 Boston Post Road
Westbrook, CT 06498-1953