

OAKDALE ACADEMY

Name _____

Address _____

Zip Code _____

Phone _____

Date of Birth _____

Grade Level _____

School Schedule: AM [] PM [] Full days [] # of days desired _____

Days Desired: Monday Tuesday Wednesday Thursday Friday

Extended hours: AM _____ PM _____

Bus Service: AM _____ PM _____ Round Trip _____

Mother's Name _____ Work Phone _____

Employer _____

Address _____

Father's Name _____ Work Phone _____

Employer _____

Address _____

Emergency Contact Person _____ Phone _____

Physician's Name _____ Phone _____

Address _____

Registration Fee _____ Monthly tuition fee _____ Security _____

Method of payment: Cash [] Check [] Money Order []

Fee pd for music _____ Instrument _____ Gym & Dance _____

Signature _____ Date _____

Allergies _____