



Nourishing the growth of wisdom

4000 MacGregor Downs Road • Greenville, North Carolina 27834 • Telephone: 252.931.0760 • Facsimile: 252.931.0964

APPLICATION FOR ADMISSION
GRADES PREK-3

Applying for grade _____

Year of proposed entrance _____

APPLICANT INFORMATION

First Name Middle Name Last Name Preferred Name

Home Address

City State Zip

Telephone Student's Email Address

Date of Birth Present Grade

FAMILY INFORMATION

Parent Information

Father's Full Name/Title

Mother's Full Name/Title

Home Address (if different from applicant's)

Home Address (if different from applicant's)

City State Zip

City State Zip

Occupation/Title

Occupation/Title

Business Name

Business Name

Business Address

Business Address

City State Zip

City State Zip

Business Telephone Business Fax

Business Telephone Business Fax

Father's Email Address Father's Cell Phone

Mother's Email Address Mother's Cell Phone

Person(s) financially responsible for tuition

Relationship to applicant



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TEACHER RECOMMENDATION FOR PRE-KINDERGARTEN

First Name

Middle Name

Last Name

Preferred Name

The above named student is a candidate for admission to The Oakwood School. Please complete this form to help us become better acquainted with the candidate. Your recommendation is confidential. Thank you for your help and assistance.

Please comment on the child's strengths and abilities:

Please comment on the child's participation in group activities and play situations:

Please comment on the child's ability to stay on task in independent activities:

Please describe the child's expressive and receptive language skills:

Do you have any concerns regarding the child's motor skills? If yes, please explain:

Please describe the child's response to transitions:



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TEACHER RECOMMENDATION FOR PRE-KINDERGARTEN

Please describe the child's response to separations from family members:

Please describe the child's response to sadness, frustration, and anger:

Does the child exhibit aggressive behavior? If yes, please explain:

Please describe the parents' cooperation with and support of the school and its teachers:

Current School Name _____ Contact _____

School Address _____ School Telephone _____

Teacher _____ Signature _____

Date _____

After completing this form, please return it directly to:

Director of Admissions
The Oakwood School
4000 MacGregor Downs Road
Greenville, North Carolina 27834



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TEACHER RECOMMENDATION FOR KINDERGARTEN

First Name _____

Middle Name _____

Last Name _____

Preferred Name _____

The above named student is a candidate for admission to The Oakwood School. Please complete this form to help us become better acquainted with the candidate. Your recommendation is confidential. Thank you for your help and assistance.

Emotional & Social Skills	Always	Usually	Sometimes	Never
Initiates interactions with others				
Responds to others' initiatives				
Takes turns and shares				
Participates in group time				
Exhibits positive attitude toward peers				
Peers exhibit positive attitude toward child				
Adjusts to changes in routine				
Has positive opinion of self				
Responds to and accepts affection				
Handles frustration with equanimity				
Resolves problems without physical aggression				

Learning Readiness Skills	Always	Usually	Sometimes	Never
Has appropriate attention span during circle time				
Has appropriate attention span during story time				
Has appropriate attention span during free play				
Works well independently				
Stays on task				

Language Skills	Always	Usually	Sometimes	Never
Has age appropriate vocabulary				
Speaks clearly				
Asks appropriate questions				
Responds appropriately to questions				
Conveys complete ideas				

Mathematical Skills	Always	Usually	Sometimes	Never
Recognizes numbers 1–10				
Recognizes basic shapes				

Motor Skills	Always	Usually	Sometimes	Never
Displays age appropriate skills in cutting				
Displays age appropriate skills in drawing				
Displays age appropriate skills in running				

Aesthetic Development	Always	Usually	Sometimes	Never
Actively participates in art				
Actively participates in music				
Actively participates in dramatic play				

ADDITIONAL INFORMATION

How long have you known the applicant? _____

How long has the candidate been enrolled in your school? _____

Does he/she attend school on a regular basis? _____

Attitude of parents: (circle one) Cooperative Indifferent Overly Protective Antagonistic other _____

COMMENTS

Please comment on special strengths and/or areas of concern.

Teacher's Name _____

Teacher's Signature _____ Date _____

CURRENT SCHOOL INFORMATION

Current School Name _____ Contact Individual _____

School Address _____ School Telephone _____

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TEACHER RECOMMENDATION FOR GRADES 1—3

First Name _____ Middle Name _____ Last Name _____ Preferred Name _____ Current Grade _____

The above named student is a candidate for admission to The Oakwood School. Please complete this form to help us become better acquainted with the candidate. Your recommendation is confidential. Thank you for your help and assistance.

Academic Ratings	Excellent	Good	Fair	Poor
Academic Ability				
Academic Performance				
Study Habits				
Organization				
Motivation				
Originality				
Potential				
Written Expression				
Oral Expression				

Non-Academic Ratings	Excellent	Good	Fair	Poor
Conduct				
Self-Confidence				
Warmth and Humor				
Honesty				
Concern for Others				
Energy/Initiative				
Maturity				

Please comment on the candidate's strengths and abilities:

Please comment on the candidate's personality and character:

Please comment on the candidate's weaknesses and challenges.

Is there any special interest or talent of which you are aware that would be helpful to us in the evaluation of this candidate?

Is there any special need, event or family circumstance of which you are aware that would be helpful to us in the evaluation of this candidate?

Attitude of parents: (circle one) Cooperative Indifferent Overly Protective Antagonistic other _____

ADDITIONAL INFORMATION

How long have you known the applicant? _____ In what capacity have you known the applicant? _____

Teacher's Signature _____ Date _____

CURRENT SCHOOL INFORMATION

Current School Name _____ Contact Individual _____

School Address _____ School Telephone _____

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OPTIONAL RECOMMENDATION
(may be completed by an individual of your choice)

First Name

Middle Name

Last Name

Preferred Name

Name of Current School

Current School Year

To Applicant:

Please print your name in the space above and give this form to an adult with whom you have regular contact, either at school or in the community, with a stamped envelope addressed to:

Director of Admissions
The Oakwood School
4000 MacGregor Downs Road
Greenville, North Carolina 27834
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To The Individual Making This Recommendation:

The Admissions Office requests your candid evaluation of this student, as someone who has worked closely with the individual. The information you provide will be kept confidential. Thank you for your time and effort.

In what capacity do you know the applicant?

How long have you known this individual?

What adjectives come to mind when describing this applicant?

What are the candidate's strengths?

In what areas does the candidate need growth and development?

Attitude of parents: (circle one) Cooperative Indifferent Overly Protective Antagonistic other _____

Please assess the following personal qualities in comparison to the candidate's peers.

Personal Qualities	Excellent	Good	Fair	Poor
Integrity				
Leadership Potential				
Relationship with Peers				
Relationship with Adults				

Would you like to talk further with someone from the Admission Office? _____Yes _____No

Name Title

Address

City State Zip

Telephone

Thank you for your prompt attention to this request.



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RELEASE OF RECORDS
To be returned to The Oakwood School.

To Applicant:

Please have a parent or legal guardian complete and sign this release form. Then return this form to The Oakwood School Admissions Office.

First Name Middle Name Last Name

Name of Current School Current Grade Level

I hereby authorize the release to The Oakwood School of all educational records pertaining to the student named above.

Signature of Parent or Guardian Date

To Registrar:

Please forward the above-named student's Transcript and test scores (if applicable)

Most recent grades and/or narrative reports

Health / immunization records

Any psychological and/or educational evaluations

Your school's grading scale

To: Director of Admissions

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Thank you for your prompt attention to this request.