

TO BE COMPLETED BY PARENT OR GUARDIAN:

We are delighted that you are considering Ouachita Hills Academy for the education of your young people. It is a high and holy trust that we take very seriously. To help us in this calling, please fill out the following information and sign the agreement below:

How did you hear about Ouachita Hills Academy: _____

FAMILY DATA:

	Father	Mother	Step-Father	Step-Mother
Name				
Street Address				
City / State / Zip				
Living / Age				
Occupation				
Nationality				
Church Membership				
Education Completed				
Home Phone				
Work Phone				
Cell Phone				
E-mail				
I live in the home of				

Parental marital status: Married/living together Separated Divorced Widow/Widower Single

Legal Guardian: _____

Is e-mail a good way to contact you? Yes No How frequently do you check your e-mail? Daily Weekly Infrequently

To whom should report cards be sent? _____ To whom should the monthly statement be sent? _____

Name of relative nearest O.H.A (other than parents): _____ Phone: _____

Address: _____ E-mail: _____

How many children are in your family? _____ How many live at home? _____ What number is the applicant?: _____

Have you ever had your child tested for or diagnosed with a learning disability: Diagnosed Tested Suspected Not Suspected

Check those that may apply: ASD (Autism Spectrum Disorder such as Aspergers) Dyslexia ADHD Irlen syndrome

Dyscalculia Dysgraphia Dyspraxia Auditory Processing Disorder Other: _____

OHA is committed to have students who are here because it is their personal choice and desire to attend. We do not knowingly accept students against their wills. Rate your child's involvement in the decision to apply to OHA:

It is fully his/her own personal choice It is partially his/her choice It is mostly my/our choice Other: _____

If he/she does not attend OHA this year, what other options are available for his/her for education? _____

PARENTAL OR GUARDIAN AGREEMENT:

I have read the information contained in this application, and, to the best of my knowledge, agree that the answers given are correct. I am in harmony with the conditions, principles, and regulations in the current Ouachita Hills Academy Handbook, and understand also that additional duly considered regulations as published or announced by the administration during the school year will have the same force as those printed, and will do my best to cooperate in seeing that they are carried out.

By registering my child at OHA I recognize that he/she will be participating in a manual arts program for approximately four hours each day. This vocational training program grants academic credit for the experience, not financial compensation. I agree to be fully responsible for the financial obligation of having my child enrolled at OHA and will pay the required fees for the program.

I authorize the use and reproduction by OHA, or anyone authorized by OHA, of any pictorial images (including conventional, video, and digital photography) taken of myself or my child while enrolled at Ouachita Hills Academy, without compensation. All negatives, positives, and prints shall constitute Ouachita Hills Academy property, solely and completely.

Signed (Parent or Guardian) _____ Date _____