

APPLICATION PROCEDURE FOR INTERNATIONAL STUDENTS ONLY

- I. The prospective student fills in the information on page 3 to 9 of the application form.
- II. Include a recent picture of the applicant.
- III. Send a copy of your **Official Transcript** or most recent **Grade Report Card**. If it is not currently in English, you will need to have it professionally translated so we are able to transfer credits accurately.
All pages must be filled out before you return the application, or else there will be a delay in processing.
- IV. Send a photocopy of the prospective student's complete **Immunization record**.
- V. Pay your \$50.00 application fee.

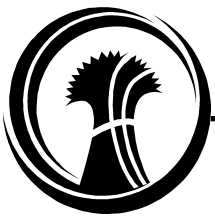
In summary, these are the following items needed for your application to be processed and sent to the acceptance committee. All must be emailed.

- I. A completed and signed application form*
- II. Picture*
- III. An Official Transcript or your most recent Mark Statement/Grade Report Card (Must be in English)*
- IV. A copy of your complete immunization card or doctor's records.*
- V. Application fee (\$50.00)*

Upon your acceptance, the **Consent to Treat Form** that is found on the website must be turned in by mail or on the day of registration. The Consent to Treat Form is done by paper due to the fact that a notary must sign this document. This can be done during the Registration Process.

This fillable PDF document is designed to be completed on Adobe Reader. Adobe Reader is accessible on ChromeOS, Android, Windows, iOS, iPadOS and MacOS. Please email documents and any questions, concerns or inquiries to registrar@oklahomaacademy.org.

Oklahoma Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate because of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and other school administered programs.

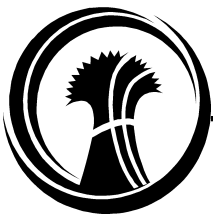


Oklahoma Academy Application

6100 Academy Lane Harrah, OK 73045 USA | Phone Number: (405) 454-6211 | registrar@oklahomaacademy.org | 2022-2023

Student Information

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Student Information

Remember to email a photo when submitting this application

Basic

First Name*:	Middle Name:	Last Name*:
Preferred Name:	Same as First Name? <input type="checkbox"/> No	

Contact

Address:			
Address Line 2:			
City:	State:	Postal Code:	Country:
Cell Phone:		Email:	

Birth

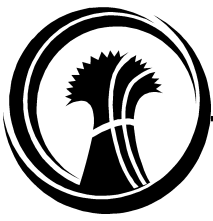
DOB*:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:
Birth City:	Birth State:	Birth Country:
First Language:	Race:	Ethnicity:
Church membership:		

Notes for Application

What grade are you applying for? <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
How did you find out about Oklahoma Academy?
Do you know anyone who previously attended Oklahoma Academy? If so, who?
Have you ever applied to Oklahoma Academy before? <input type="checkbox"/> Yes <input type="checkbox"/> No
When do you plan to attend Oklahoma Academy? Year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring
How much in favor are your parents of you coming to Oklahoma Academy? <input type="checkbox"/> Fully <input type="checkbox"/> Indifferent <input type="checkbox"/> Against
How much in favor are you coming to Oklahoma Academy? <input type="checkbox"/> Fully <input type="checkbox"/> Mildly <input type="checkbox"/> Indifferent <input type="checkbox"/> Against
Why or why not?

VISA Information

Passport Number:	Expiration Date:		
Contact Person in USA:	Relationship to Applicant:		
USA Address:			
Address Line 2:			
City:	State:	Postal Code:	Country:
Cell Phone:		Email:	



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Academic Information

List all schools, including correspondence schools and their addresses starting with the eighth grade.

Year	Grade	Current?	School Name	Complete Address
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		

What grade are you currently enrolled in? 9 10 11 12

Have you ever been homeschooled? If yes, check that apply: 1 2 3 4 5 6 7 8 9 10 11

A transcript must be emailed along with this application from the school you are currently enrolled in. If you are homeschooled, please refer to the "Home School Credits Assessment" form on our website.

How do you feel about academic subjects? Interested Passive Disinterested

What is your favorite subject(s) in school? _____

Have you ever had to repeat a grade or any class(es) in school? Yes No

If so, which one(s)? _____

Where from? _____

Are you enrolled in any online/correspondence courses? Yes No

If so, what subjects and from where? _____

Rate your ability to concentrate:

Easily focus even in a distracting environment I am somewhat easily distracted

Generally focus but needed a quiet environment I am somewhat easily distracted

Have you ever been tested for or diagnosed with a learning disability? Yes No Unsure

Have you ever had testing accommodations or an IEP (Individualized Education Program)? Yes No

How far do you plan to go in formal schooling? High School College Masters Doctorate

What are your lifework plans and goals?

Have you ever withdrawn, been expelled, or been refused acceptance for conduct or scholastic reasons? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No



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Vocational Information

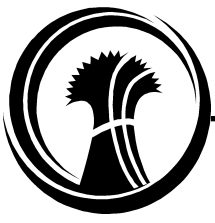
Place a check mark by any of the following areas that you have experience in and number them according to your interests.

Vocational Area	Interested	Explanation/Years of Experience
Administration Office		
Aviation		
Bakery		
Cafeteria		
Canvassing		
Communications		
Construction		
Country Store		
Custodial		
Agriculture		
Food Service		
Grounds/Landscaping		
Business Office		
Publishing Office		
Resident's Assistant		

What experience level do you see yourself in right now? Entry Level Team Member Team Leader

Please rank yourself on the following work ethic characteristics.

Punctual - arrives early and ready; engages during work; checks in/out correctly	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Appropriate Attire - clothes are clean; uses correct clothing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Time Management - uses time wisely; accomplishes tasks timely; shows hustle	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Workspace Management - keeps track of tools and equipment; personal area is clean	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Respect & Professionalism - shows respect for others; acts professionally; no excuses	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Quality - concern for quality; takes care of work products, equipment & facilities	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Safety - show concern for & observes safety considerations for themselves	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Communication - listens; follows instructions; ask questions; uses appropriate language	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Responsibility - accepts task assignments; mentors others; take responsibility	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Big Picture Actions - understands results of actions; anticipates next steps	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4



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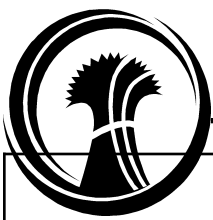
Self-Evaluation Church Philosophy and Background

Religion:	Denomination:	Home Church:
How often do you attend church?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently	
How often do you attend Sabbath School?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently	
Does your family worship together?	<input type="checkbox"/> Daily <input type="checkbox"/> Frequently <input type="checkbox"/> Infrequently <input type="checkbox"/> Never	
Do you take time for personal devotions?	<input type="checkbox"/> Daily <input type="checkbox"/> Frequently <input type="checkbox"/> Infrequently <input type="checkbox"/> Never	
Are you baptized into the Seventh-day Adventist Church? No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan on it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Baptism:		
What Spirit of Prophecy books have you read?		

Personal Interests and Experience

What other books do you like to read?
What are your favorite shows/movies?
Do you play video games? If so, how many hours a day? Which ones?
What websites/apps do you visit in your free time?
How many hours do you spend on the internet per week?
What are your favorite music types to listen to?
<input type="checkbox"/> Blues <input type="checkbox"/> Classical Instrumental <input type="checkbox"/> Classical Vocal <input type="checkbox"/> Country <input type="checkbox"/> CCM <input type="checkbox"/> Folk <input type="checkbox"/> Hip Hop <input type="checkbox"/> Jazz <input type="checkbox"/> Musical Theater <input type="checkbox"/> Pop <input type="checkbox"/> Rap <input type="checkbox"/> Rock <input type="checkbox"/> Sacred Instrumental <input type="checkbox"/> Sacred Vocal <input type="checkbox"/> Other.....
What groups/artists do you listen to?
Do you enjoy singing? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which part? <input type="checkbox"/> Soprano <input type="checkbox"/> Alto <input type="checkbox"/> Tenor <input type="checkbox"/> Bass
Do you play any musical instruments? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which ones?
What hobbies do you enjoy doing in your spare time?

Been involved in ... ?	Yes	No	Explanation
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs (Illegal or Controlled)	<input type="checkbox"/>	<input type="checkbox"/>	
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	



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Vaping	<input type="checkbox"/>	<input type="checkbox"/>	
Huffing	<input type="checkbox"/>	<input type="checkbox"/>	
Stealing/Cheating	<input type="checkbox"/>	<input type="checkbox"/>	
Profanity/Swearing	<input type="checkbox"/>	<input type="checkbox"/>	
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	

Check the following statements in each category that would correctly apply to your life. **You may choose more than one.**

Studiousness

- I don't take the time to study outside of class.
- I aim for the best grades with the least amount of work.
- I want to get good grades.
- I tend to turn in my assignments.
- I work hard on learning as much as I can.

Work Ethic

- I try to evade responsibility and tasks given to me.
- I tend to get discouraged and quit easily.
- I need a lot of encouragement to get my work done.
- I always finish what I start, even if it takes a long time.
- People can rely on me to get things done.

Cooperation

- I sometimes get into conflicts when working in groups.
- I prefer not to work with others.
- I don't get into conflict but I don't contribute either.
- I try to work as a team-member.
- I try to listen to and incorporate everyone's ideas.

Emotional Stability

- I tend to lose control of my emotions.
- I tend to be pessimistic.
- I usually have good self control.
- I tend to have a positive attitude.
- I have anxiety / panic attacks
- I struggle with depression.
- I have thoughts of hurting myself or others
- I engage in cutting and/ or self harm

Appearance & Organization

- My room is generally a mess.
- My parents have to tell me to clean my room.
- My room is generally OK.
- I like to keep things neat and organized.
- I am always proud of how my room appears.

Dress

- I don't think about my clothes very much at all.
- I dress so that people will notice me.
- I dress appropriately for different situations such as P.E., work, church, etc.
- I choose clothes that are weather appropriate and do not restrict circulation.
- I consider modesty when choosing my clothes.

Religious Experience

- I have decided to be a Christian through baptism.
- I want to be a Christian even though I haven't made the decision through baptism.
- I don't know if I want to be a Christian.
- I don't want to be a Christian right now.

Witnessing Experience

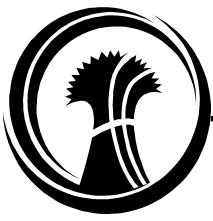
- I have never witnessed for Jesus.
- I do not feel comfortable witnessing.
- I don't know how to witness for Jesus, but I would like to learn.
- I look for opportunities to witness.
- I create opportunities to witness.

Personal Devotions

- I don't generally pray or read the Bible.
- I pray sometimes, but I rarely read the Bible.
- I pray and read the Bible occasionally.
- I want to have daily devotions but have not developed the habit yet.
- I have daily devotions with prayer and Bible study.

Moral Standards

- I have trouble conforming to moral standards.
- I conform to moral standards only when I have to.
- I do whatever the people around me do.
- I try to follow the moral standards outlined in the Bible.
- I willingly live by Biblical standards even if those around me live differently.



Moral Independence

- I tend to follow my friends even when they make wrong choices.
- I don't like to go against my friends even if they make wrong choices.
- I don't follow my friends when they make wrong choices.
- I will always take a stand against wrong no matter the circumstances.
- I never follow others' wrong choices and will take a stand against wrong when appropriate.

Decision-Making

- I frequently make decisions that I later regret.
- Sometimes I jump to conclusions before having all the facts.
- I analyze situations before making a decision.
- I prayerfully consider all options before making a decision.
- I prayerfully consider all options and seek wise counsel before making a decision.

Willingness to Serve

- I generally try to get out of helping others.
- I help out if I have to.
- I help out if I am asked to.
- I will generally ask if I can help out.
- I help out in every way I can.

Social Interaction

- I do what I want, even if it irritates others.
- I say what I want, even if it might be offensive.
- I generally get along with people of all ages.
- I am polite with people of all ages.
- I consider the needs and perspectives of others when interacting with them.

Choice of Friends

- I only like to make friends with those who are popular.
- I choose friends whom I get along with regardless of their standards.
- I find it difficult to make new friends.
- I choose friends who will encourage me spiritually.
- I choose to make friends to share Christ with them.

Relationship to the Opposite Sex

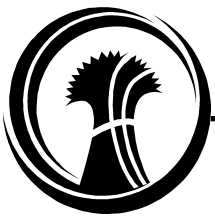
- I like to find out who is interested in who and I enjoy matchmaking
- I like receiving attention from the opposite sex.
- I like hearing about drama but I prefer not to be involved.
- I choose not to have special friendships with the opposite sex even if I am interested in them.
- I want to just be friends and not be involved in dating.

Relationship to Authority

- I choose to do what I want, even when I am told not to.
- I have a hard time being told what to do.
- I do what I am told to do.
- I respect those in authority and I trust their judgment.
- I always cooperate with those in authority.

Leadership Ability

- I don't want to be a leader
- I like to let other people be in charge
- I want to be a leader, but I am not one very often
- I enjoy leadership situations
- I am often chosen to lead in group situations.



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Oklahoma Academy Policies

Have you completely read the Oklahoma Academy Student Handbook? Yes No

Physical Development

Oklahoma Academy is committed to providing an atmosphere and learning experiences that will enable you to achieve the physical excellence of which you are capable. What are your thoughts on the influence health has on your mental and spiritual health?

Social Development

Oklahoma Academy is committed to providing an atmosphere and learning experiences that promote formation of healthy friendships and connections. Why is building friendships and cultivating social skills an important part to Christian education?

Campus Life

Oklahoma Academy has a protocol on dress to provide operating guidelines to the school. Why does dress have a profound impact on the way others see and relate to us?

Media & Technology - Entertainment, Music

Oklahoma Academy has policies regarding reading and entertainment material such as music. Please respond with your thoughts to these policies.

If there are policies that you do not understand or you do not agree with written in the student handbook, please make a note of them below.

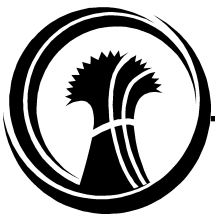
Please check all numbers below which would apply. Please read all options carefully.

- 1. I have read the student handbook.
- 2. I am in harmony with all of the standards and policies of the student handbook.
- 3. Excluding the exceptions mentioned, I am in harmony with the standards and policies of the student handbook.
- 4. I have made a decision for Jesus to be the Lord and Savior of my life.
- 5. I have not made a decision for Jesus to be my Lord and Savior but I am actively seeking it.
- 6. I desire to be trained for missionary service whether that is in this country or in a foreign field.
- 7. It is my desire that my application is prayerfully considered.
- 8. With the grace of God I pledge to do my best to uphold the mission, goals and policies of Oklahoma Academy

Signature of Applicant _____ Date: _____

As the parent(s) or legal guardian(s) of the above student, I/we understand the policies of Oklahoma Academy and agree to support that staff in the carrying out of those policies.

Signature of Parent/Guardian _____ Date: _____



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Parent Information

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Parent Information

If the child is not living with the parents, please give the name, address, phone number and relation of the guardians.

Father

<input type="checkbox"/> Father	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle
First Name*:		Middle Name:		Last Name*:	
Preferred Name:		Same as First Name? <input type="checkbox"/> No			
Title:	<input type="checkbox"/> Col.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Elder	<input type="checkbox"/> Fr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. Suffix:
Address:		Same as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, don't fill in the address).			
Address Line 2:					
City:		State:		Postal Code:	
				Country:	
Cell Phone:			Email:		
Work Phone:			Extension:		Fax:
Marital Status:			Church Membership:		

Mother

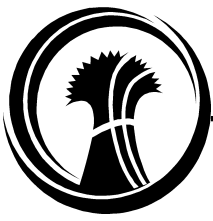
<input type="checkbox"/> Mother	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt
First Name*:		Middle Name:		Last Name*:	
Preferred Name:		Same as First Name? <input type="checkbox"/> No			
Title:	<input type="checkbox"/> Col.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Elder	<input type="checkbox"/> Fr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. Suffix:
Address:		Same as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, don't fill in the address).			
Address Line 2:					
City:		State:		Postal Code:	
				Country:	
Cell Phone:			Email:		
Work Phone:			Extension:		Fax:
Marital Status:			Church Membership:		

Emergency Contact (list by order of preference):	Pick-Up Permissions: (Those individuals you give permission to take your child off campus)
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Please list the names of relatives that the applicant **would not** have permission to leave campus alone with.

Please explain any special circumstances. _____

Please provide us with a copy of divorce decree, custody paperwork and/or a more pronounced no contact list if applicable.



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Family Information

Email is the best way for Oklahoma Academy to contact parents. Is email a good way to contact you? Yes No

How often do you check your email? Weekly Daily Frequently

What is the best way to contact you if not by email? Mail Work Phone Cell Phone

Who has custody?
Who should we have email correspondence with?
Who is financially responsible and will receive monthly statements?
Who should receive grade related information and report cards?
Who should have access to information online such as grades and attendance?

For online correspondence, Oklahoma Academy uses Renweb for grade updates and more

How many children are in your family? How many live at home?

Have you ever had your child diagnosed with a learning disability? Diagnosed Tested Only Suspected None

Check those that apply: ADHD ASD (Autism) Auditory Processing Disorder Irlen syndrome
 Dyslexia Dyscalculia Dysgraphia Dyspraxia

Has your child ever threatened, attempted, or runaway from home? Yes No

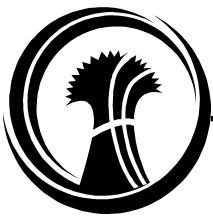
How much in favor are you of your child coming to Oklahoma Academy? Fully Indifferent Against
Why or why not?

How much in favor is your child coming to Oklahoma Academy? Fully Mildly Indifferent Against
Why or why not?

What You Can Do

We will do our best to help your child succeed and flourish. Below are some ways that you can help your child in the academy life.

- **Don't be afraid to call the dean.** They want to work with you so that your child can have a happy dorm life.
- **Read the student handbook.** It is full of information for students and parents alike.
- **The Principal.** The Principal is here to help you work through any challenges and difficulties, as well as answer any questions you may have.
- **The Treasurer.** The Treasurer is here to help you with any financial questions you may have.
- **The registrar's office has information and forms.** At breaks, OA needs permission from you before we can let your child leave with someone else. If you are picking up anyone else's child, we also need an official invitation from you. Both permissions and invitations can be handled through the registrar's office.
- **Check your child's grades and classes.** We are working to provide you with more avenues of communication. Your child's grades will be available to view online through **RenWeb**. You will receive login information shortly. Also, you can sign up for a daily or weekly summary of your child's classes via Google Classroom for some classes.
- **Check the school website.** We have a lot of information available online at oklahomaacademy.org. School news can be found there along with links to any services or programs that we will livestream.



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Primary Medical Information

The student accident insurance carried by Oklahoma Academy is a secondary insurance.

The insurance company of the parent/guardian is primarily responsible for the costs of any treatment.

The school's student accident insurance will cover 75% of the remaining. The following information will be used for insurance purposes.

General

Permission to Treat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date:
Personal Blood Type: <input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> A- <input type="checkbox"/> A+ <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB- <input type="checkbox"/> AB+	

International Health Insurance Policy Holder

Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	Phone:	DOB:
Address:		Email:

Insurance	Doctor	Dentist
Company:	Name:	Name:
Policy:	Address:	Address:
Group	Phone:	Phone:

Allergies & Conditions

Allergies:	Conditions:
Allergies:	Conditions:

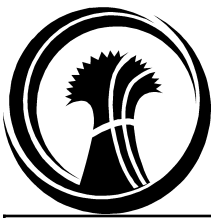
Prescription Medications

Name:	Prescribed Date:	Dose:
Notes:		
Name:	Prescribed Date:	Dose:
Notes:		

Immunizations

A copy of official immunization documents from the child's physician or public health department is required.

Tetanus, Diphtheria (DTaP, DTP, DT, Td)	
MMR (Measles, Mumps, Rubella)	
Polio (OPV, IPV)	
Hepatitis A	
Hepatitis B	
Meningococcal (MCV4)	
Varicella (Chicken Pox)	



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Medical Notes

Health History

Name*	DOB*
Height	Weight
General Health <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Sight <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Hearing <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Which of the following has your child contacted? <input type="checkbox"/> Asthma <input type="checkbox"/> Auto-immune <input type="checkbox"/> Chickenpox <input type="checkbox"/> Cholera <input type="checkbox"/> Diabetes <input type="checkbox"/> Diphtheria <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hay Fever <input type="checkbox"/> Heart Disease <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> <input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Whooping Cough <input type="checkbox"/> NONE	
Has your child ever been diagnosed with any mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected	
Which of the following has your child experienced/diagnosed with? <input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety/Panic Attacks <input type="checkbox"/> Addiction <input type="checkbox"/> Bipolar <input type="checkbox"/> Depression <input type="checkbox"/> Eating Disorders <input type="checkbox"/> OCD <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Suicidal Thinking <input type="checkbox"/> NONE	
Has your child missed any significant school in the past year due to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Is your child vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? <input type="checkbox"/> Vegan <input type="checkbox"/> Lacto <input type="checkbox"/> Ovo <input type="checkbox"/> Pescetarian	
Does your child require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?	
How many hours of sleep does the applicant usually get? <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10+	
Does your child participate in outdoor activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have prescription eye correction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which? <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other	

Immunizations

Before a student is admitted, you must choose which of the following options you wish to comply with:

- My child has all the required immunizations according to the regulations of Oklahoma. All immunizations are up to date. The documentation for the immunization schedule listed on the previous page has been completed and sent with this application.
- My child will receive the remaining vaccinations and I will provide an official immunization record from the child's physician or public health department.
- I will obtain an application for exemption because my child does not have all the required vaccinations and I do not want to have all required vaccinations for my child. This may be due to medical, religious or philosophical reasons.

Oklahoma Academy will email you the Application for Medical, Religious or Philosophical Exemption if you check the third option. This document must be sent to the Oklahoma Department of Health and be notarized and returned directly to them, not Oklahoma Academy. It is the responsibility of the parent to send a copy of the approval letter and original exemption application to Oklahoma Academy for verification.

Recognize that your child may not be allowed to continue school after 30 days if the above immunization requirements of the Oklahoma Health Department have not been complied with. Please notify Oklahoma Academy when the exemption has been granted or denied.



Oklahoma Academy Application

6100 Academy Lane Harrah, OK 73045 USA | Phone Number: (405) 454-6211 | registrar@oklahomaacademy.org | 2022-2023

Activity Permission Form

As the parent(s) or guardian(s) of _____, it is my/our understanding that Oklahoma Academy carries on some recreational activities in conjunction with the regular school program. These include camping, canoeing, water and snow skiing, tubing, hiking, field trips, swimming, and repelling. Since these activities are always done as part of a carefully supervised group, my/our child has permission to participate.

Parent/Guardian Signature: _____ Date: _____

Activity Waiver

As the parent(s) or guardian(s) of _____, it is my/our understanding that Oklahoma Academy provides numerous recreational activities in conjunction with the regular school program. Listed below are some of these activities that they may come across during their time at Oklahoma Academy. Please check the ones that you DO NOT feel comfortable with your child participating in.

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hiking | <input type="checkbox"/> Flying |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Bicycling |
| <input type="checkbox"/> Tubing | <input type="checkbox"/> Repelling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Four-wheeling | <input type="checkbox"/> Music Trips |
| | | <input type="checkbox"/> Mission trips |

There are other opportunities and activities that may arise that the students may like to participate in. All activities are carefully monitored and done individually or in groups. With this understanding and recognizing the risks involved, I/we give my/our child permission to participate in the various activities except those marked above, and recognize that if an injury were to occur, that we would be held financially responsible (for the portion that is not covered by insurance), for the treatment of our child.

Parent/Guardian Signature: _____ Date: _____

Legal Guardianship Form

As the parent(s) or guardian(s) of _____, we entrust our child to Oklahoma Academy, by the act of enrollment in the school, and ask that Oklahoma Academy direct the activities of our child as "substitute parents" (loco parentis) while in school and in the care of Oklahoma Academy. It is our wish that our child participate in the educational program offered by Oklahoma Academy including the vocational program.

Parent/Guardian Signature: _____ Date: _____