

The Oakland School
 362 McKee Place Pittsburgh PA 15213

Application for Admission

Application Fee attached \$ _____ Date of Application _____

General Information

Name of Applicant _____ Telephone () _____

Address _____

Date of Birth _____ Age _____ Social Security No. _____

Name of Mother or Guardian _____

Address(if different from above) _____

Occupation _____ Employer _____ Work Phone _____

Name of Father or Guardian _____

Address(if different from above) _____

Occupation _____ Employer _____ Work Phone _____

Names and Ages of Siblings _____

Referred to the School by _____ Name of your local Newspaper _____

Education Background

Present Grade in School 8 9 10 11 12 PHS

Identify the Schools you have attended:

	School	Year(s)
Grade 7		
Grade 8		
Grade 9		
Grade 10		
Grade 11		
Grade 12		

Name of present Principal or Counselor _____

If now attending school, list the courses you are taking:

English	Science
Social Studies	Mathematics
Foreign Language	Elective
Elective	Elective

Have you taken the PSAT No Yes Date _____
 Have you taken the SAT No Yes Date _____ Math _____ Verbal _____
 Have you taken the ACT? No Yes Date _____ Combined Score _____

Other Stuff We Want To Know

Which School Subjects do you like most? _____

Which School Subjects do you like least? _____

What did you like most about your previous school? _____

What did you least like about your previous school? _____

Have you ever been placed on school suspension? No Yes Length of Suspension _____

Circumstances of Suspension _____

Do you own or have access to a Computer? No Yes What kind of computer? _____

What is your primary computer activity? _____

Do you have access to the Internet? No Yes E-Mail Address _____

Do you speak a Second Language? No Yes Language(s) _____

How fluent are you with the language? Beginner Average Advanced

The Oakland School encourages the study of a second language. Many colleges require at least two years of foreign language. What interests you? Spanish French German Russian Japanese Latin

Do you play a Musical Instrument? No Yes Instrument _____

How proficient are you as a Musician? Beginner Average Advanced

Are you now employed? No Yes Name of Employer _____

What days and hours do you work? _____

Would you be interested in a Work-Study Program arranged with your employer? No Yes

Have you been a Volunteer in your Community? No Yes What was your Community Service experience? _____

Have you ever been arrested or bound to Juvenile Court? No Yes Reason _____

Name of Probation Officer _____ Length of Probation _____

Have you ever been under the care of a Psychologist or Psychiatrist? No Yes

Name of the above Professional _____

Have you ever been tested for illegal drugs? No Yes When? _____

Do you own an automobile? No Yes Will you be driving to school? No Yes

List any out-of-school experiences that have been valuable to you. (special training, art or other classes, camps, travel, etc.)_____

The Oakland School provides a multi-racial, non-sexist, coeducational environment for learning. We believe in equal opportunity for everyone and do not allow any forms of discrimination in our acceptance policy nor in our teaching practices.

Issue Questions

Please respond clearly and honestly to the following questions.

Describe your school attendance record for the past two years.

Write a paragraph telling us about your interests in and out of school.

School homework is often a sore spot for students in their school-family relationship. How has school homework been an issue for you?

What do you expect to do after graduating from high school?

What are your parents' expectations for you after high school?

Is the Oakland School your personal choice? No Yes If not, would you explain? If so,
tell us why you want to enroll.

Learning Style Self-Assessment

Please complete the assessment as accurately and completely as possible. Your responses will aid in developing the type of program that will help you learn more successfully.

In which physical situations do you learn best?

- Quiet places
- Noisy places
- Alone
- One to one tutoring
- Small groups
- Other (describe)

- Other (describe)

Check each material that helps you learn:

- Books
- Pen and paper
- Library resources
- Videotapes
- Film/slides
- Radio/newspapers
- Computers
- Television
- Other (describe)

Which skills do you need to improve?

- Listening
- Following directions
- Getting along with teachers
- Getting along with other students
- Expressing myself
- Participating in discussions

Check each way of learning you enjoy:

- Working on projects
- Written assignments
- Reading & answering questions
- Demonstrations
- Interviewing
- Observations

- Gaining confidence
- Organizing my time and work
- Writing
- Math
- Reading
- Spelling
- Artistic
- Other (describe)

- Research
- Attending classes
- Listening to lectures
- Creative writing
- Journal writing
- Performing
- Creative artwork

Which are hardest for you in school?

- Attend class
- Sit and listen in class
- Follow rules
- Meet deadlines
- Take tests
- Do homework
- Talk in front of others

it.

- Reading
- Math
- Other (describe)

Which apply to you about assignments?

- Need directions explained more than once or twice.
- Mostly self-directed but like to check in with someone now and then.
- I need to be told more than once to start a task and to complete

- I am self-directed and willing to take responsibility to complete assignments independently.