



# Oxford Day Academy

## Enrollment Application 2025-2026

**Please indicate the grade the student is applying:** 9  10  11  12

To be considered, please return this application as soon as possible at Oxford Day Academy office located at 763 Green Street, East Palo Alto, CA 94303. If you have any questions, please call at (650) 260-3152

### High School Student Information

Student's Name: \_\_\_\_\_  
*Last Name, First Name, Middle Name*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ Gender: M  F

Student's Primary Address: \_\_\_\_\_  
*Street City State Zip Code*

US School Enrollment Date: \_\_\_/\_\_\_/\_\_\_ Student Cell Phone \_\_\_\_\_

\*Name of last school attended: \_\_\_\_\_ Address (if applicable): \_\_\_\_\_

Is the student Latino or Hispanic? Yes  No

Please indicate the race/ethnicities' that the student identifies: \_\_\_\_\_

### Parent/Guardian Information 1

Parent/Guardian's Name: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent/Guardian Highest Education Level: Elementary  High School  College  Decline to state

### Parent/Guardian Information 2

Parent/Guardian's Name: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent/Guardian Highest Education Level: Elementary  High School  College  Decline to state

## Referrals

How did you hear about us?  Family  Friend  Website  Flyer  Neighbor

Other: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Do you know anyone who might be interested in attending Oxford Day Academy High School?

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Parent's Name*

\_\_\_\_\_  
*Phone Number*

## Informative Sessions

**Important Note:** As a new school, Oxford Day Academy is committed to serving the needs of ALL students. Parents of potential students are encouraged to make an informed decision about our school as it meets the educational needs of their student. We encourage parents to schedule a school visit along with their student. Please call our office for our next informative session at 650-260-3152.

## Signature and Agreement

\_\_\_\_ I certify that the information given in this application is true, correct, and accurate.

\_\_\_\_ I understand that submitting this application does not guarantee that my student will be accepted.

\_\_\_\_ I have attached a copy of my utility bill, dated within the last 30 days.

Parent/Guardian's Name \_\_\_\_\_  
*(please print)*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_