



Oxford Day Academy

Enrollment Application 2022-2023

Office use only

Date Received:

Received by

Entered into PS by:

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 1001 Beech 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*

Student Cell Phone: _____

*Name of last school attended: _____ School District attended: _____

Address: _____

Parent/Guardian Information 1

Last Name: _____ First Name: _____

Relationship to student: _____ E-mail: _____

Address: _____

Home phone #: _____ Cell Phone #: _____ Work Phone #: _____

Parent/Guardian Information 2

Last Name: _____ First Name: _____

Relationship to student: _____ E-mail: _____

Address: _____

Home phone #: _____ Cell Phone #: _____ Work Phone #: _____

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 for 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 Name _____
(please print)

Parent/Guardian Signature _____ Date _____