



105 John Wilson Way  
Morgan Hill, CA 95037  
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PARENT

Accredited by the Western Association of Schools and Colleges

General Information

## Student Information

Current grade: \_\_\_\_\_ Date: \_\_\_\_\_

Applying for:  2011-2012  2012-2013

NAME: Last First Middle Nickname

PRIMARY MAILING ADDRESS: Street City State Zip

PHONE: Home Email Address

Age Date of Birth Social Security Number  Male  Female

Current or Most Recent School Grade City State

SHADOW VISIT: To help us select a shadow partner, please briefly state hobbies or interests (e.g., sports, school subjects, etc.):

Please list any allergies or special circumstances that the school should be aware of for the Shadow Visit:

SHADOW DATE REQUESTED: \_\_\_\_\_ How did you hear about Oakwood?  Post Card  Newspaper  Web  
 Other: \_\_\_\_\_

## Parent Information

Mr.  Mrs.  Ms.  Dr.

PARENT/GUARDIAN NAME: Last First Relation to applicant

HOME ADDRESS: Street City State Zip

PHONE: Home Cell Phone

Email Address Work Phone

Occupation Employer

Mr.  Mrs.  Ms.  Dr.

PARENT/GUARDIAN NAME: Last First Relation to applicant

HOME ADDRESS: Street City State Zip

PHONE: Home Cell Phone

Email Address Work Phone

Occupation Employer

Merit-based Scholarship and Financial Aid are separate applications that must be submitted along with the general application. Please indicate if an application will be submitted for:  Merit-based Scholarship  Financial Aid