

Keystone Adventure School and Farm

19201 N Western Ave.
Edmond, OK 73012

Application for Admissions

Please fill out and submit to the main office. There is a \$50 non-refundable application fee that must be submitted before the application can be considered. If you have any questions about the application or the process, please contact the front office at (405) 216-5400 or admissions@keystoneadventureschool.com.

STUDENT INFORMATION: Date _____

First Name _____ Middle Name _____ Last Name _____

Preferred Nickname _____ Please specify: Male _____ Female _____

Home Address _____ E-mail _____

City _____ State _____ Zip _____

Home Phone _____ Age _____ Date of Birth _____

Place of Birth _____ Country of Citizenship _____

First Language _____ Other Language _____

Applying For (Circle One): 3-Year-Old Pre-K 4s/5s Kindergarten Grade (Circle One): 1 2 3 4 5

If 3-year-old preschool, please indicate desired option:

_____ Two-Day, Half-Day Option (Tu/Th) _____ Two-Day, Full-Day Option (Tu/Th)

_____ Three-Day, Half-Day Option (M/W/F) _____ Three-Day, Half-Day Option (M/W/F)

_____ Five-Day, Half-Day Option (M/Tu/W/Th/F) _____ Five-Day, Full-Day Option (M/Tu/W/Th/F)

Year of Proposed Entrance _____

Previous Education Type (Select One): Public Private Parochial Home School Other(Specify) _____

Present School _____

School Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Current Grade _____

Dates Attended _____

Keystone Adventure School & Farm, Inc. does not discriminate in enrollment of students on the grounds of race, color, sex, or nation or ethnic origin.

OTHER SCHOOLS ATTENDED IN PAST THREE YEARS:

1.) School Name _____

Address _____ City _____ State _____ Zip _____

Dates Attended _____

2.) School Name _____

Address _____ City _____ State _____ Zip _____

Dates Attended _____

FAMILY INFORMATION:

Applicant Lives With: Both Parents Together Both Alternatively Father Mother Other _____

Siblings (List): Name Age Grade School Attending

1. _____

2. _____

3. _____

4. _____

5. _____

Name of Additional Caregiver _____ Relationship to Student _____

PARENT OR GUARDIAN I:

Name (Mr. Mrs. Ms. Dr.) _____ Relationship to Students _____

Home Address (If different from applicant) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Title or Occupation _____

Business Address _____ City _____ State _____ Zip _____

Work Phone _____ Fax (home) _____

Fax(business) _____ E-Mail _____

PARENT OR GUARDIAN II:

Name (Mr. Mrs. Ms. Dr.) _____ Relationship to Students _____

Home Address (If different from applicant) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Title or Occupation _____

Business Address _____ City _____ State _____ Zip _____

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Work Phone _____ Fax (home) _____
Fax(business) _____ E-Mail _____

Who is responsible for payment of tuition and other school expenses? _____

To whom should additional correspondence be sent? _____

Medical Information:

List allergies and special medical information that we should know about:

List any medications taken on a regular (daily) basis by your child:

At Keystone we stand by our philosophical foundation of valuing each child and their differences. We appreciate your candor and detail in answering the questions below. Your efforts will enhance our careful approach to your child.

BACKGROUND INFORMATION: (Please attach another sheet of paper with your answers, if necessary.)

How did you hear about Keystone Adventure School & Farm? _____

State briefly why you would like your child to attend our school. What do you feel makes your child and our school a good match? If your child is transferring from another school, include your reasons for doing so.

Describe your child including her/his disposition, favorite activities, special talents, strengths, areas of weakness, academic ability, artistic or musical abilities, qualities or relationships with peers, parents, other adults, siblings, etc. _____

Give a brief narrative biography of your child. Include such things as the approximate age when she/he first spoke, crawled, walked, toilet trained; and any significant events such as a family move, etc._____

Describe a typical weekday with your child, including how she/he gets up in the morning._____

Did your child experience any social, academic, or disciplinary difficulties at his/her previous school?

Yes____ **No**____ **If yes, please explain**_____

Has your child ever been tested for learning differences? Yes_____ No_____ If yes, please explain (by whom, their phone and the date the testing occurred.)_____

Do you have any concerns regarding your child’s development? (i.e. academic, behavioral, or social.)

Signature **Date**