The Oxbow School Application for Admission Part 2

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Student Application Form Part 2

APPLICANT	
DATE	
FIRST NAME	
LAST NAME	
EDUCATION	
CURRENT SCHOOL	
ART TEACHER'S NAME	
COUNSELOR NAME	
FAMILY	
BRIEFLY DESCRIBE YOUR FAMILY	
PLEASE LIST SIBLINGS AND THEIR AGES	
WORK & AWARDS	
PLEASE DESCRIBE ANY WORK EXPERIENCE, OR SPECIAL AWARDS OR ACHIEVEMENTS THAT YOU WOULD LIKE US TO KNOW AROUT	
PLEASE DESCRIBE ANY WORK EXPERIENCE, OR SPECIAL AWARDS OR ACHIEVEMENTS THAT YOU WOULD LIKE US TO KNOW ABOUT.	
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WHAT BOOK HAS HAD A DIRECT IMPACT ON YOUR LIFE, HOW?	
WHAT ASPECTS OF SCHOOL DO YOU FIND TO BE THE MOST CHALLENGING?	
WHAT ASPECTS OF SCHOOL DO YOU FIND TO BE THE MOST REWARDING?	
WRITE FIVE WORDS FOR EACH ITEM THAT DESCRIBE YOU AS:	
1. A PHYSICAL PRESENCE	
2. AN EMOTIONAL HUMAN BEING	
3. AN INTELLECTUAL AWARENESS	
4. A SPIRITUAL BEING	
Signature	DATE

Parent Statement

PARENT NAME
STUDENT NAME
TELL US ABOUT THE STUDENT AND WHAT YOU FEEL ARE HIS OR HER STRENGTHS, INTERESTS, AND GOALS.
WHY WOULD YOU LIKE YOUR CHILD TO ATTEND OXBOW? WHAT DO YOU THINK HE OR SHE WILL GAIN FROM THIS EXPERIENCE?
AS A PARENT/GUARDIAN, WHAT CHALLENGES HAVE YOU ENCOUNTERED WITH YOUR STUDENT?
PLEASE DESCRIBE ANY NEEDS YOUR STUDENT HAS, AND HOW WE CAN BEST SUPPORT THEM IF ACCEPTED.
TO WHOM SHOULD THE BILLS BE SENT?
CELL: EMAIL:
ARE YOU APPLYING FOR FINANCIAL AID? YES NO IF YES, PLEASE SUBMIT YOUR FINANCIAL AID APPLICATION MATERIALS.
SIGNATURE DATE
*Failure to disclose information about your student's health situation and needs, may result in the student's expulsion from the program.
Please submit Parent Statement by email to: admissions@oxbowschool.org or by mail to: The Oxbow School, Attn: Admissions, 440 Third Street, Napa, CA 94559

The Oxbow School 530 Third Street Napa, CA 94559 (707)255-6000 www.oxbowschool.org

