



# Olney Adventist Preparatory School

## Application for Admission

Date of Application \_\_\_\_\_ School Year Applying for \_\_\_\_\_

### I. Applicant Information

Applicant's Name \_\_\_\_\_  
First Name Middle Initial Last Name Preferred Name

Grade applying for \_\_\_\_\_ Current Grade \_\_\_\_\_

Current School \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Male/ Female

Place of Birth \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Social Security Number \_\_\_\_\_  
(Optional)

Home Address \_\_\_\_\_  
Street Name City

State Zip Code Home Phone

### II. Family Information

Parents are:

\_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_ Widowed

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Address (If different from student's) \_\_\_\_\_

Home Address (If different from student's) \_\_\_\_\_

City State Zip

City State Zip

Home Phone (If different from student's) \_\_\_\_\_

Home Phone (If different from student's) \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Occupation/Employer

\_\_\_\_\_  
Occupation/Employer

*If parents are separated/divorced:*

Who has legal custody? \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

Siblings of applicant:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

Church Affiliation \_\_\_\_\_

**III. Questionnaire: *Please answer the following questions as completely as possible.***

1.) What characteristics of Olney Adventist Preparatory School interest your family, and why do you feel that our school is a good match for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) OAPS is dedicated to nurturing and encouraging students' intellectual, artistic, social, physical, and spiritual abilities. What are your child's strengths in these areas?

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3.) In what areas would you like to see your child grow?

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4.) Please describe your child's interests, hobbies, talents, and awards in both academic and extracurricular activities.

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5.) Please describe any learning disabilities your child may have and any accommodations they may need.

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**Olney Adventist Preparatory School reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school’s purposes only.**

**This form is an application for admission only. Upon completion of all application procedures and School Board approval, you will be notified of acceptance.**

**We (I) affirm that the information provided in this application is true to the best of our (my) knowledge.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***Please submit this application with a non-refundable application fee of \$50.00 to:***

**Admissions  
Olney Adventist Preparatory School  
4100 Olney-Laytonsville Road  
Olney, MD 20832**

*Olney Adventist Preparatory School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, or handicap in the administration of its educational program, admission policies, and other school-administered programs.*