

Date _____

Ottawa Opportunity School

114 East Jefferson Street

Ottawa, IL 61350

(815) 433-2731

Student Application Form

_____ Gender: ___ Male ___ Female
Full Name of Child

_____ Preferred Name/Nickname

_____ Birthdate - Month/Day/Year

_____ Street Address

_____ City

_____ Zip Code

_____ Phone

_____ Parent or Guardian (Please PRINT Name)

_____ Signature

_____ Date

_____ Email

Class Preference - Please indicate your **first 3 choices** of program and time by placing the numbers 1, 2, 3 in the space provided. We try to honor requests for class preference, however, due to the number of students that is not always possible.

(2 days) Tuesday/Thursday Program - For children who are 3 by September 1

_____ Morning Class 8:30am - 11:00am

_____ Afternoon Class 12:00pm - 2:30pm

(3 days) Monday/Wednesday/Friday Program - For children who are 4 by Sept 1

_____ Morning Class 8:30am - 11:00am

_____ Afternoon Class 12:00pm - 2:30pm

(5 days) Monday through Friday Program - For children who are 3 or 4 by September 1

_____ Morning Class 8:30am - 11:00am

_____ Afternoon Class 12:00pm - 2:30pm

Fees: Amount Paid _____ Cash _____ Check # _____ (Cash or check only. Credit cards not accepted.)

_____ \$40 **Non- Refundable** registration fee due at time of submitting application

Please make check payable to: **Opportunity School**

_____ \$50 Supply Fee (**Not due until September**)

****If you pay both registration fee and supply fee at the time of registration, you receive a \$5 discount!**

That makes a total of \$85 for both.

Ottawa Opportunity School admits students of any sex, race, color, creed, national and ethnic origin to all of the rights and privileges, programs, and activities, generally accorded or made available to students at school. The school does not discriminate in its administration or admission policies or scholarship program or any other school administered programs.

Opportunity School Confidential Information Form

Name of Child _____ Gender Male Female

Date of Birth _____ Place of Birth _____

Father's Name _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Occupation _____

Business Address _____ Work Phone _____

Mother's Name _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Occupation _____

Business Address _____ Work Phone _____

Marital status of parent with whom the child lives (check one)

Married Single Divorced Separated Widowed

If you are in the process of changing marital status, please explain: _____

If legal guardian is someone other than the parent, please provide the following information:

Name: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency: In case of emergence and we are unable to locate a parent or guardian, please list an alternative contact. (Please list someone other than parent or guardian.)

Name: _____ Relationship: _____

Address: _____ Cell Phone: _____

Family Physician Information

Name: _____ Phone: _____

Address: _____ (turn over)

Opportunity School Confidential Information Form Con't.

Names, ages, and relationship of all children living in the student's home: _____

Siblings not living at home: _____

Have any other children in your family attended Opportunity School? _____ Yes _____ No

If yes, please name: _____

List names of adults residing at home and their relationships: _____

Did your child have any special medical or developmental problems in his/her first years of life?

_____ Yes _____ No If yes, please explain _____

Does your child have asthma or allergies? _____ Yes _____ No If yes, please explain _____

Does your child take medication on a regular basis? _____ Yes _____ No If yes, please explain _____

(If a child requires medication to be administered at school, the parent must submit written instructions to the school.)

Does your child or will your child attend another program during the school year? Sunday school, daycare, YMCA, dance, martial arts, etc. _____

What school district will your child attend when he/she begins kindergarten?

Any other information you feel the school and/or teachers should be aware of?
