

APPLICATION FOR MEMBERSHIP

Date: _____

One time family fee \$750.00

PLEASE PRINT

Alumni: ____ Yes ____ No

MEMBERSHIP/PARENT(S) NAME _____

Student Name: _____ DOB: _____ Starting Grade: ____ Year: _____

Student Name: _____ DOB: _____ Starting Grade: ____ Year: _____

Student Name: _____ DOB: _____ Starting Grade: ____ Year: _____

Parents' Names: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

I agree to all the terms of the Charter of the said school, the by-laws, and that the obligation to educate my child at this school rests solely on me. I understand that the Board of Directors has the right to reject any application. I understand, per OFA Articles of Incorporation, this Membership shall NOT be transferable by assignment, gift, sale, inheritance or any other method of transfer.

Thus done and signed by applicant on this the _____ day of _____, 20____ in Amite, LA.

APPLICANT SIGNATURE

Character References: (One of the following references must be an OFA Stockholder)

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

I hereby certify that the Board of Directors of Oak Forest Academy has approved this application, on this the _____ day of _____, 20____ in Amite, LA.

Secretary

President

Certificate Number

FOR OFFICE USE ONLY

ENROLLMENT DATE: _____