

# Ottawa Opportunity School

114 East Jefferson Street  
Ottawa, IL 61350  
(815) 433-2731

#

Age:

Screening Date:

## Student Application Form

\_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Full Name of Child

\_\_\_\_\_ Birthdate – Month/Day/Year  
Preferred Name/Nickname

\_\_\_\_\_ Phone  
Street Address City Zip Code

\_\_\_\_\_ Date  
Parent or Guardian (Please PRINT Name) Signature

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

### Class Preference

*Please indicate your **first 3 choices** of program and time by placing the numbers 1, 2 or 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 September 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 \_\_\_\_\_ or Check # \_\_\_\_\_**

\_\_\_\_ \$40 Registration fee due at time of submitting application  
*Please make check payable to Opportunity School*

\_\_\_\_ \$45 Supply Fee (**Not due til September**)

**\*\*If pay both registration fee and supply fee at the time of registration, you receive a \$5 discount! That makes a total of \$80 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 the 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 \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month Day Year)

Father's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Business Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Business Address \_\_\_\_\_  
Occupation \_\_\_\_\_ 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 emergency 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 \_\_\_\_\_ Phone \_\_\_\_\_

*Family Physician:*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Names, ages and relationships 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 relationship: \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

(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 be attending when he/she begins kindergarten?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Permission to Release Form

Opportunity School **must have written permission** to release a child to someone other than the parent(s) or legal guardian. We will **not** release a child without written permission.

Other than the parent(s) or legal guardian, to whom can your child be released to?

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

***It is the custodial parent's obligation to inform the school of any change of status with regard to custody, orders of protection or persons authorized to pick up children.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission Form

\_\_\_\_\_ (child's name) has my permission to:

go with his/her class at Opportunity School on visits and excursions in the community.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ottawa Opportunity School has my permission to provide emergency medical treatment to the above named student in case of emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ottawa Opportunity School has my permission to take photographs of the above named child and use them for publicity purposes (flyers, newsletters, brochure, local newspaper, or website).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ottawa Opportunity School has my permission to maintain any school records deemed necessary of the above named child.

Signature \_\_\_\_\_ Date \_\_\_\_\_