



Villa Duchesne/Oak Hill School 801 SOUTH SPOEDE ROAD, SAINT LOUIS, MO 63131 314.432.2021 WWW.VDOH.ORG

APPLICANT INFORMATION (Parents, please print or type):

Application page 1 of 4

Applicant: _____
(last name) (first name) (middle name) (preferred name)

Grade applying for: _____ For Fall: _____

Date of birth: _____ Age: _____ Gender: _____

Home address: _____
(street)

(city) (state) (zip code)

Home phone: () Student e-mail (if applicable): _____

Religion: _____ Place of worship: _____

The following is OPTIONAL and is used for statistical purposes only. Please check all that apply.

- African American Latino/Hispanic Asian American Multi-racial _____
- Native American Caucasian Middle Eastern American Pacific Islander American
- Other (please specify) _____

How did you hear about Villa Duchesne/Oak Hill School? _____

Indicate to whom all Admissions communication should be directed: Parents Mother only Father only Guardian

FAMILY INFORMATION:

FATHER/GUARDIAN

Mr./Dr.: _____
(circle one) (last name) (first name) (middle name) (preferred name)

E-mail: _____ Cell phone: () _____

Place of employment: _____

Occupation & title: _____ Work phone: () _____

Please provide the following information only if different from the applicant information above:

Home address: _____
(street) (city) (state) (zip code)

Home phone: () Religion: _____ Place of worship: _____

APPLICATION FOR ADMISSION

MOTHER/GUARDIAN

Mrs. / Ms. / Dr. : _____
(circle one) (last name) (first name) (maiden name) (middle name) (preferred name)

E-mail: _____ Cell phone: () _____

Place of employment: _____

Occupation & title: _____ Work phone: () _____

Please provide the following information only if different from the applicant information above:

Home address: _____
(street) (city) (state) (zip code)

Home phone: () _____ Religion: _____ Place of worship: _____

STEPPARENT (Attach additional page if there are two stepparents.)

Mr. / Dr. / Mrs. / Ms. : _____
(circle one) (last name) (first name) (maiden/middle name) (preferred name)

E-mail: _____ Cell phone: () _____

Place of employment: _____

Occupation & title: _____ Work phone: () _____

Please provide the following information only if different from the applicant information above:

Home address: _____
(street) (city) (state) (zip code)

Home phone: () _____ Religion: _____ Place of worship: _____

PLEASE CHECK ALL THAT APPLY

Parents: Married Father deceased Mother deceased
 Separated Divorced Father remarried Mother remarried
Applicant lives with: Parents Mother Father Other: _____
(please specify)

If applicant's parents are divorced, which parent has legal responsibility for:

Custody of student: _____ School bills: _____

Please list the applicant's siblings:

Name:	Date of Birth:	Grade:	School attended:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the applicant has parents, grandparents or siblings who are alumnae/i of Villa Duchesne/Oak Hill School, Barat Hall, City House, Academy of the Sacred Heart, or another Sacred Heart school, please list their names, relationship to applicant, school and year attended. **(It is not necessary to list siblings who are currently enrolled.)**

Name:	Relationship:	School:	Year graduated:
_____	_____	_____	_____
_____	_____	_____	_____

SCHOLASTIC INFORMATION

Applicant's current school/preschool: _____

Dates and grades attended: _____

School address: _____

Principal/Director: _____ Phone: (_____) _____

Please include title (Mr., Mrs., Ms., Dr., etc.), first name and last name.

Please list any other schools the applicant has attended:

School name:	Location:	For grade:	Dates:
_____	_____	_____	_____
_____	_____	_____	_____

Has the applicant ever skipped or repeated a grade? Yes No

If yes, please explain: _____

Has the applicant ever been suspended from or asked to leave any school? Yes No

If yes, please explain on a separate sheet of paper.

Has the applicant ever applied to Villa Duchesne/Oak Hill School in the past? Yes No For grade: _____

GENERAL INFORMATION:

Have any behavioral, psychological, gifted or special education evaluations of the applicant been completed? Yes No

If yes, please be sure to send **a copy of all reports** with this application. Application **is not complete** until reports have been received.

Please describe any illness, diseases or physical disabilities which either have affected or may affect the applicant's general health, school work or participation in the school's athletic programs.

Are you interested in receiving information regarding:

- The Child of the Sacred Heart Scholarship *(available to students in grades K-3)*
- The Saint Madeleine Sophie Barat Tribute and Memorial Scholarship *(available to two students in grades K-6)*
- The Reis Family Scholarship *(available to two incoming seventh grade students)*
- The Sister Mary Gray McNally Alumnae Association Scholarship *(available to an incoming ninth grade student whose mother or grandmother is an alumna of Villa Duchesne or City House)*
- The Saint Rose Philippine Duchesne Scholarship *(available to two incoming ninth grade students from The Academy of the Sacred Heart in St. Charles)*
- The Richard Littlefield Scholarship *(available to one incoming student in grades 9-12)*

If you are interested in financial aid, please contact our Business Office at 314.810.3531.

PERSONAL STATEMENTS *(Feel free to attach an additional page.)*

Please describe the applicant as objectively as possible.
(For example, describe the applicant's special abilities—athletic, artistic, academic, etc.)

Please comment on your reason for seeking admission to Villa Duchesne/Oak Hill School for the applicant.

STATEMENT OF CONFIDENTIALITY

It is the policy of Villa Duchesne/Oak Hill School that all information received regarding an applicant's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant's family.

NOTICE OF NON-DISCRIMINATION POLICY

Villa Duchesne/Oak Hill School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission procedures, financial aid, scholarships, or athletic and other school-administered programs.

SIGNATURES

Father or Guardian: _____ Date: _____

Mother or Guardian: _____ Date: _____

When you submit your application please enclose the following:

- Application**
- Release of Information Form**
- Copies of all special reports and evaluations**
- Application fee of \$40**
(non-refundable; check made payable to Villa Duchesne/Oak Hill School)

Return application to:

**Admissions Office
Villa Duchesne/Oak Hill School
801 South Spoeede Road
St. Louis, MO 63131-2699**



Villa Duchesne/Oak Hill School 801 SOUTH SPOEDE ROAD, SAINT LOUIS, MO 63131 314.432.2021 WWW.VDOH.ORG

STUDENT INFORMATION RELEASE FORM

Date: _____

I, the parent or legal guardian of: _____
(Student's name)

give my permission for: _____
(Name of student's CURRENT school or pre-school) (Current grade)

(School address) (City) (State) (Zip Code)

(Name of principal or director) () (School phone)

to forward school records and any pertinent school information regarding this student to:

Admissions Department

Villa Duchesne/Oak Hill School
801 South Spoede Road
St. Louis, MO 63131-2699

Signature of parent/guardian: _____

Relationship to student: _____

All applicants must complete and return this form to the Admissions Department.

Do not send directly to your child's current school. Thank you.