

**APPLICATION FOR ADMISSION**  
**The Gladys H. Oberle School**  
404 Willis Street P.O. Box 801  
Fredericksburg, VA 22404  
**2015-2016**

STUDENT NAME: \_\_\_\_\_  
PARENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HANDICAPPING CONDITION: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
AGE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
CONTACT E-MAIL: \_\_\_\_\_  
FUNDING SOURCE: \_\_\_\_\_  
INVOICING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
BASE SCHOOL: \_\_\_\_\_  
GENDER: \_\_\_\_\_  
GRADE: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
CONTACT FAX: \_\_\_\_\_

To be considered for acceptance, the following records must be provided with this application form.

\_\_\_\_\_ Copy of Current IEP including Addendums

\_\_\_\_\_ Copy of Latest Eligibility Documents

\_\_\_\_\_ Minutes

\_\_\_\_\_ Psychological Report

\_\_\_\_\_ Educational Report

\_\_\_\_\_ Sociocultural Report

\_\_\_\_\_ Medical Report

\_\_\_\_\_ Copy of Up-To-Date Student Transcript

\_\_\_\_\_ Copy of Student Attendance (Year to Date)

\_\_\_\_\_ Copy of Student Discipline Record (Including Year to Date Suspensions and Reasons for Suspensions)

\_\_\_\_\_ SOL Testing Results

\_\_\_\_\_ Copy of Physician's Certificate (Physical) with Doctor's Signature

\_\_\_\_\_ Up-To-Date Immunization (Shot) Record which includes TDAP booster