



Application Process Spring 2026

Open House 6:30pm-8pm

Thursday, January 29

Tier 1

Application Fee \$300 due upon application submission

Monday, February 16

Applicant Seminar & Student Placement Testing 6:30pm-8pm

Thursday, February 19

Family Interviews-The Oaks will schedule your interview time

Saturday, February 21

Acceptance Letters will be sent via the Jupiter online platform in conjunction with a \$500 enrollment charge.

Tier 2

Application Fee \$300 due upon application submission

Monday, April 27

Applicant Seminar & Student Placement Testing 6:30pm-8pm

Thursday, April 30th

Family Interviews-The Oaks will schedule your interview time

Saturday, May 2nd

Acceptance Letters will be sent via the Jupiter online platform in conjunction with a \$500 enrollment charge.

Application fees may be submitted at an Applicant Seminar or mailed to the following address:

The Oaks Tutorials Admissions
4012 County Road 805
Cleburne, TX 76031

The Oaks Tutorials Family Application Form

School Year 2026-2027

*Please submit your application fee on or before attending Applicant's Evening.
(Application fee: \$300)*

Family Name:	Date:
--------------	-------

Father's full name: _____

Father's cell number: _____ Father's email: _____

Father's employer: _____ Work number: _____

Mother's full name: _____

Mother's cell number: _____ Mother's email: _____

Mother's employer: _____ Work number: _____

Home address: _____

Family's Church: _____

Family's Pastor: _____ Members: Yes or No

If not current members of a local church, please explain.

Emergency Contact (non-parent)

Name: _____

Relationship: _____

Phone number: _____

Permission to pick up student(s)? Yes or No

Name: _____

Relationship: _____

Phone number: _____

Permission to pick up student(s)? Yes or No

Check all that apply:

Students live with:

☐ Mother and Father ☐ Legal Guardian

☐ Father ☐ Mother

☐ Stepfather ☐ Stepmother

Check if appropriate:

☐ Parents separated ☐ Father deceased

☐ Parents divorced ☐ Mother remarried

☐ Mother deceased ☐ Father remarried

Additional description, if helpful: _____

Basic Student Information:

(please list only children you are enrolling and grade student will be entering)

	First, Middle, Last Name	Email (if any)	Sex	Birthdate-m/d/y	Grade
1					
2					
3					
4					
5					

Other Siblings:

(please list any other children in your family who are not enrolled at The Oaks)

Name	Age/Grade	School	Planning to attend The Oaks? (If yes, indicate year/grade)

If you are *not* enrolling all of your school-aged children in The Oaks Tutorials during this academic year, please explain here:

Enrolling Students:

1. Does the student have any special needs?

For example: does the student require special attention in a traditional classroom; do you suspect dyslexia; has the student seen or been treated by a counselor, doctor or psychiatrist for any problems; has the student been treated for hyperactivity or attention deficit disorder?

Child No.

1	
2	
3	
4	
5	

2. Are there any health, allergy, medical concerns or limitations of which the school should be aware? If so, please explain:

Child No.

1	
2	
3	
4	
5	

3. Has the student ever been suspended or expelled by a previous school? Has the student ever been involved in legal problems or been arrested?

Child No.

1	
2	
3	
4	
5	

4. What are the strong points of your student's character?

Child No.

1	
2	
3	
4	
5	

5. What are areas of needed growth or improvement?

Child No.

1	
2	
3	
4	
5	

6. Previous School Information

Please list the school last attended or currently attending.

Child No.	School Name	Teacher	City/State	Phone
1				
2				
3				
4				
5				

What other schools or co-ops has your family attended and for how long?

Parents:

Is either parent, step-parent or guardian opposed to Christian education? If so, please explain:

How did you hear about The Oaks?

Why are you interested in joining The Oaks?

What is your understanding of classical, Christian education?

Please explain your family's relationship with technology.

What do you do for the spiritual nurture of your family in the home on a daily basis?

Does the primary homeschool parent work? If so, how many hours per week and what days? _____

1. I understand that failure to report any prescribed program of medication or involvement with the law or juvenile authorities may be cause for immediate dismissal.	<table><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
2. I agree to have my child taught in accordance with the school's Statement of Faith.	<table><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
3. I understand and agree to the school's financial policy for the year our student is enrolling.	<table><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
4. I understand that The Oaks will require a school uniform.	<table><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		

5. I understand that The Oaks Tutorials does not currently hold or seek future state approval.	<table border="1"> <tr> <td><u>Y</u></td> <td>N</td> </tr> </table>	<u>Y</u>	N
<u>Y</u>	N		

To make this application complete, please include the following:	<i>Office Use Only</i>
1. A copy of the most recent achievement test scores if you have them.	
2. Grade report cards of the most recent quarter and one from the previous if applicable.	
3. An application fee of \$300 to be submitted with application.	
(Registration fee of \$500 is to be paid upon being accepted.)	
4. A copy of any divorce/custody decision as it pertains to the student(s).	
5. A signed medical release form for each student.	
6. A signed liability waiver for each student.	
7. A signed statement of faith.	
8. Please be sure the pastoral reference form has been sent to your pastor.	

<p>NOTE: Once your application has been approved, you must attend an Applicant's Evening along with your student(s) who will take placement tests.</p> <p>Following a Family Interview you will be notified of your acceptance status.</p>

The Oaks does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship programs, and athletic and other school administered programs.

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies. Including the following:

At least one parent (or homeschooling family member) will attend parent orientation.

We (I) will ensure that Home Days (Tuesdays, Wednesdays, Friday mornings) will be spent with my student(s) in the home, in an environment conducive to completing schoolwork with the consistent oversight of myself or another adult, who is taking on the responsibility of educating my student(s) on Home Days. This adult (myself or someone of my choosing) will not be working another job during homeschool hours, but will be dedicated to assisting the Grammar student(s) in completing every assignment as asked, so that the student(s) turn in the work to the teacher on the assigned due date. (Logic and Rhetoric students need oversight and help with time management as they are growing in independence and should not be left on their own on a homeschool day.)

Modifications, adjustments, extensions, grace on assignments, or any kind of special requests must be approved by both the homeroom teacher and the head of school, in every instance.

Students with learning disabilities of any kind (dyslexia, dysgraphia, ADHD, and beyond) will be held to the same standard as all students during classroom hours. Any modifications for home days need to be submitted to and approved by both the homeroom teacher and the head of school. These modifications will be put in writing, to be signed by the parents. Because of our limited resources, any special requests that require additional time, attention, or work on the part of the homeroom teacher may be denied.

Parent or Guardian Signature(s)

Today's Date

The Oaks Tutorials Medical Release Form

RELEASE OF ALL CLAIMS AGAINST THE OAKS TUTORIALS

In consideration of permission granted by my child/ward to participate in:

ALL ACTIVITIES (Including but not limited to: Field Trips, Recess Games)

I, the parent or guardian of the below-named child, hereby release and discharge The Oaks Tutorials (TOT) Board of Directors, officers, agents, employees, and volunteers from all claims, demands, actions, judgements, and executions which the parent or guardian ever had, or now has, or may have, or which the parent or guardian's heirs, executors, administrators, or assigns may have, or claim to have, against the TOT, its successors or assigns, for all personal injuries, known or unknown to my child/ward, and injuries to property, real or personal caused by or arising out of, directly or indirectly, all school activities. I, the parent or guardian, have read this release and understand all its terms, I execute it voluntarily and with full knowledge of its significance.

LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT RELEASE OF ALL CLAIMS STATEMENT

NAME OF CHILD_____ **DATE** _____

SIGNATURE OF PARENT OR GUARDIAN _____

THE OAKS PARTICIPATION AND MEDICAL FORM *(one per student)*

Student Full Name _____ Date of Birth _____ Sex _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone _____ Parent/Guardian Business Phone _____

Parent/Guardian Name _____

Parent/Guardian Employer _____

Secondary Contacts: Please contact the following person(s) **if I cannot be reached**. (Do **NOT** put parent names in this area – we must have **other names** in case you cannot be reached.)

Name _____ Relationship _____

Address/City/State/Zip _____

Phone _____

Name _____ Relationship _____

Address/City/State/Zip _____

Phone _____

TO WHOM IT MAY CONCERN:

The undersigned parent(s)/Legal guardian give permission for our(my) child/ward

_____ (Student Name)

To participate in all school activities sponsored by The Oaks Tutorials unless I have notified the teacher or provost to the contrary.

In case of medical or dental emergency, we(I) give our(my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our(my) child's medical history:

Family Physician	Address	Phone
------------------	---------	-------

Medical Insurance Company United Healthcare Policy Number _____

Please check any of the spaces below which describe a health problem your child/ward has which might require attention. If your child has no such health problems, check "None of the Above".

☐ Allergies

☐ Blood disease (sickle cell anemia, aplastic anemia, malaria, hemophilia, etc.)

☐ Heart problems requiring limitations

☐ Diabetes

☐ Food Allergy requiring immediate attention

☐ Digestive disorder (ulcers, colitis, etc.)

☐ Hearing impairment or complete hearing loss

☐ Insect sting allergy – severe requiring immediate attention

☐ Malignancy (leukemia, sarcoma, Hodgkin's disease, etc.)

☐ Neurological problem (cerebral palsy, hydrocephalus, etc.)

☐ Orthopedic problem – severe requiring limitations (brittle bone disease, etc.)

- ☐ Respiratory problem – severe requiring limitations (asthma, cystic fibrosis, etc.)
- ☐ Seizure disorder (epilepsy, etc.)
- ☐ Urinary tract disorder (nephritis, absence of kidney or bladder, etc.)
- ☐ Vision impairment or complete vision loss
- ☐ None of the Above

Please check any past illnesses your child/ward has had and give the approximate dates.

- ☐ Chicken Pox
- ☐ Ten-Day Measles (Rubeola)
- ☐ Three-Day “German” Measles (Rubella)
- ☐ Mumps
- ☐ Epilepsy
- ☐ Asthma
- ☐ Rheumatic Fever
- ☐ Hay Fever
- ☐ Whooping Cough
- ☐ Poliomyelitis
- ☐ Diabetes

Medications being taken: _____

Additional information/instructions (including serious or severe illness or accidents, known allergies, or special dietary considerations):

We require permission from a parent/guardian before any medication will be administered to a student. Please indicate your preference by checking and signing the following statement. I authorize the school to administer non-prescription medication (Tylenol, Tums, cough drops) to my child/ward as needed.

☐ Yes ☐ No

Prescription medication will not be administered by the school without written permission from a parent/guardian.

In an emergency, parents will be contacted for immediate consultation. If parents cannot be reached and medical attention is needed, please initial the appropriate following statement:

☐ I hereby allow the faculty and staff of The Oaks, including parents volunteering for transportation duties, to see and secure emergency medical treatment for my child.

☐ I do not wish the faculty and staff of The Oaks, including parents volunteering for transportation duties, to seek and secure emergency medical treatment for my child.

We(I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should It be necessary for our(my) child to return home due to medical reasons, disciplinary action or otherwise, we(I) agree to pay transportation costs.

Finally, in consideration for our(my) child's participation in the activities, we(I) release, discharge, and agree to hold harmless TOT and their officers, Board of Directors, agents, employees, and volunteers from any and all liability, claim or demands for personal injury, illness or death; as well as property damage and expenses, of any nature whatsoever which may be incurred by us(me) and/or our(my) child while our(my) child is participating in these activities (including transportation to and from events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation of these activities.

We(I) have read this form in entirety and signed it voluntarily with knowledge of its terms and conditions.

Mother (Legal Guardian)

Date

Father (Legal Guardian)

Date

The Oaks Tutorials Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue or otherwise bring legal action against:**

All Saints Presbyterian Church 4629 Bryce Ave, Fort Worth, TX 76107,

its directors, officers, employees, members and agents and hereby release from liability and all claims including negligence resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Signature of Parent/Guardian of Minor

Date

Assumption of Risks: This use of church property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. **All Saints Presbyterian Church** has facilities for and provides for activities such as social events, community outreach, clinics, classes, camps, worship, and day care. Some of these involve situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains, and embarrassment 2) major injuries such as joint or back injuries, heart attacks, head injuries, and psychological trauma 3) illness including SARS-Cov-2, also known as the Corona Virus or COVID-19 and 4) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by **THE OAKS TUTORIALS, meeting on the premises of All Saints Presbyterian Church, for the purpose of homeschool tutorials and education for the school year 2026-2027. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD **All Saints Presbyterian Church and The Oaks Tutorials** HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at and to reimburse them for any such expenses incurred. Severability: The undersigned further expressly agrees that the foregoing waiver

and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Name of Student(s): _____

Participant's Age (if minor)_____

Signature of Parent/Guardian of Minor

Date

The Oaks Tutorials Statement of Faith

The following list is the foundation of beliefs on which The Oaks Tutorials is based. These are also the key elements of Christianity that will be unapologetically taught in various ways through all grade levels.

1. We believe the Bible to be the only inerrant, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent.
3. We believe that God created the heavens and the earth and all they contain, and that He upholds and governs them in accordance with his eternal will.
4. We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory.
5. We believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
6. We believe that salvation is by grace through faith alone.
7. We believe that faith without works is dead.
8. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
9. We believe in the resurrection of both the saved and the lost; those that are saved to the resurrection of life and those that are lost to the resurrection of damnation.
10. We believe in the spiritual unity of all believers in our Lord Jesus Christ.
11. We believe the Bible teaches that God created man from the dust of the ground (non-living matter) after his own image and therefore man did not evolve from lower life forms. We believe in a literal 6-day creation. *For by him all things were created, in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities—all things were created through him and for him.* Colossians 1:16
12. We believe the Bible teaches that God created man, male and female, after His own image and commissioned them to be fruitful and multiply, to fill the earth and subdue it, taking dominion over the earth and bringing it to mature fruitfulness for His glory. To this end, God ordained marriage to exist between one man and one woman. All sexual relationships between men and women are unlawful outside the bounds of the marriage covenant. All sexual relationships between members of the same sex are contrary to God's created order and an abomination in His sight.
13. We believe the Bible teaches that no man is intentionally to take the life of another, unless as an authorized representative of God as a magistrate in the administration of justice or in defense of himself or his neighbor (as a private citizen or as a member of the armed forces of his country). Otherwise, a man's life is to be protected from the moment of conception till the day of death.

I/We _____ agree to and affirm the above statement of faith.

Printed names of Parents/Guardians of Oaks student(s)

Signature of Parent/Guardian of Oaks student(s)

Date

Signature of Parent/Guardian of Oaks student(s)

Date



Pastoral Reference Form

Dear Pastor,

Thank you for agreeing to complete this form. Your feedback is important to us. Please know that your responses will remain confidential and will not be discussed with or shown to the applicant.

Please feel free to mail, or to scan and email the completed form to the address listed below:

The Oaks Tutorials Admissions
4012 County Road 805
Cleburne, TX 76031
admin@theoakstutorials.net

Parents, please fill in the information required below and give this form to your pastor two weeks in advance of the application's due date.

Family Name: _____

Parents' Names: _____

Students' Names: _____

1. How long have you known the applying family and in what relationship?
2. How well do you know them? How would you describe the family dynamic?
3. Does the family demonstrate a lifestyle consistent with biblical standards?
4. Does the family actively support/participate in the mission and activities of your church? If so, could you please describe?
5. Does the applicant/family demonstrate a desire to grow spiritually? If "Yes," what evidence do you see of this?
6. Are you aware of any criminal, social, behavioral, emotional struggles within the family that it would be important for The Oaks Tutorials to be apprised of? If so, could you please describe?
7. What do you consider the major strong points of the applicant/family?

8. What do you consider the major weaknesses of the applicant/family?

9. To your knowledge, what is the parents' major reason for sending the applicant to The Oaks Tutorials?

10. Please offer any additional comments about the family that you think may be helpful for The Oaks Tutorials here.

Pastor, please fill in the following information:

Pastor's Name: (please print) _____

Pastor's Signature: _____

Pastor's Email: _____

Church Name: _____

Church Address: _____

Church Telephone: _____