



# Oak Forest Academy

*Operated by Amite Independent School*  
600 Walnut St.  
Amite, Louisiana 70422

(985) 748-4321  
FAX: (985) 748-4320

Drew Misita  
*Head of School*  
Phill Junkins  
*Upper School Principal*  
Amy McNeal  
*Lower School Principal*  
Loren Lee  
*Guidance Counselor*

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## Application for Admission-Prospective Students

### 2026-2027

Please complete the student Application for Admission packet for EACH student who will be attending Oak Forest Academy during the 2026-2027 school year.

All forms must be completed for each student and the following documents are required at the time of registration.

**No application for admission will be accepted without all required information.**

- \_\_\_\_\_ Application for Admission
- \_\_\_\_\_ Membership Form and Fee (one time family fee)
- \_\_\_\_\_ Report Card, most recent (Grades 1st-12th)
- \_\_\_\_\_ Transcript (Grades 9th-12th only)
- \_\_\_\_\_ Copy of child's Birth Certificate
- \_\_\_\_\_ Immunization Record, current
- \_\_\_\_\_ Copy of child's social security card
- \_\_\_\_\_ Any Educational Plan (IEP, Accommodations Plan, etc.)
- \_\_\_\_\_ Principal Evaluation Form (Grades 1<sup>st</sup>-12<sup>th</sup>)
- \_\_\_\_\_ Teacher Evaluation Form (Grades 1<sup>st</sup>-12<sup>th</sup>)
- \_\_\_\_\_ Copy of parents' driver's license

\*If you should have any questions, please contact Allison Leto, Director of Admissions, at 985-748-4321 ext. 6  
[allison.letto@ofajackets.org](mailto:allison.letto@ofajackets.org)



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## Oak Forest Academy Registration Dates for the 2026-2027 school year:

Sibling February 3<sup>th</sup> – 4<sup>th</sup>, 2026 (In-Person)  
Alumni February 5<sup>th</sup> – 6<sup>th</sup>, 2026 (In-Person)  
Open Registration February 10<sup>th</sup> – 12<sup>th</sup>, 2026 (In-Person)

## OAK FOREST ACADEMY TUITION & FEES FOR 2026-2027 SCHOOL YEAR

Number of Children	Bldg & Maint Fee Per Family <i>*Due once student is accepted.</i>	Annual TUITION w/FEES * due on/before 6/15/2026	Semi-Annual due on/before 6/15/2026 12/15/2026	12 MO PMTS	10 MO PMTS
				DUE ON OR BEFORE 5 <sup>th</sup> or 17 <sup>th</sup> of each month	
1	\$600	\$ 6,542	\$ 3,270	\$ 545	\$ 654
2	\$600	\$ 11,836	\$ 5,922	\$ 986	\$ 1,184
3	\$600	\$ 17,753	\$ 8,877	\$ 1,479	\$ 1,775
4	\$600	\$ 22,423	\$ 11,211	\$ 1,869	\$ 2,242
5	\$600	\$ 28,029	\$ 14,014	\$ 2,336	\$ 2,803
6	\$600	\$ 33,634	\$ 16,817	\$ 2,803	\$ 3,363
7	\$600	\$ 39,240	\$ 19,620	\$ 3,270	\$ 3,924
8	\$600	\$ 44,846	\$ 22,423	\$ 3,737	\$ 4,485
9	\$600	\$ 50,451	\$ 25,226	\$ 4,204	\$ 5,045
10	\$600	\$ 56,057	\$ 28,029	\$ 4,671	\$ 5,606

- Fees included with Tuition are \$300 per student for: Enrollment \$150, Jacket Pass \$100, and Technology \$50.

**NEW STUDENT ENROLLMENT FORM**

**Oak Forest Academy 2026-2027**

**PLEASE PRINT ADDITIONAL FORMS AS NEEDED FOR ADDITIONAL STUDENTS**

ALL information is required, please print.

Application For Grade: \_\_\_\_\_

**New Student**

**Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

LAST

FIRST

MIDDLE

Gender: **M / F** Date of Birth: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Race

☐

American Indian

☐

Asian

☐

Black

☐

Hispanic

☐

Native Hawaiian

☐

Two or more races

☐

White

Name of present school: \_\_\_\_\_

MAILING ADDRESS

CITY

STATE

ZIP

Has the applicant ever been expelled, denied re-enrollment at a school, or counseled not to return to a school: Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the applicant ever been the subject of any school disciplinary action? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is applicant currently taking prescribed medication? Yes\_\_\_\_ No\_\_\_\_

If yes, please provide the name(s) of the medication(s): \_\_\_\_\_

Please explain any medical concerns the applicant may have that OFA should be made aware of: \_\_\_\_\_

Please check the appropriate box if your child has one of the following:

\_\_\_\_ 504 Plan

\_\_\_\_ IEP

\_\_\_\_ Service Plan

\* If any of the above boxes are checked, please provide a copy of said plan with this packet.\*

Has your child been diagnosed and/or evaluated for any educational or behavioral needs; developmental delays; particular physical, mental or emotional needs. \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please explain: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please state any extracurricular interests offered at OFA that would interest the applicant:

Football\_\_\_\_ Basketball\_\_\_\_ Soccer\_\_\_\_ FastPitch Softball\_\_\_\_ Cross Country\_\_\_\_ Track\_\_\_\_ Baseball\_\_\_\_  
4-H\_\_\_\_ SGA\_\_\_\_ Interact Club\_\_\_\_ Cheer\_\_\_\_ Dance\_\_\_\_ Fellowship of Christian Athletes \_\_\_\_ Robotics\_\_\_\_

**Parent's Names and information are required. Please print.**

Father's Full Name \_\_\_\_\_

Legal Guardian (Male)\_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business # \_\_\_\_\_

OFA Alumnus \_\_ Yes \_\_ No If yes, graduation year\_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Legal Guardian(Female)\_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business # \_\_\_\_\_

OFA Alumnae \_\_Yes \_\_No If yes, graduation year\_\_\_\_\_

Maiden Name \_\_\_\_\_

**Check all that apply:**

☐ Parents Married

☐ Single Parent

☐ Parents Separated

☐ Divorced

☐ Mother Deceased

☐ Father Deceased

**Student lives with (Check all that apply):**

☐ Mother & Father

☐ Stepmother

☐ Mother

☐ Stepfather

☐ Father

☐ Guardian(s)

**If parents are divorced or separated, to whom should correspondence be sent?**

☐ Both Parents

☐ Mother

☐ Father

**If parents are divorced, who has legal custody?**

☐ Joint Custody

☐ Mother

☐ Father

- **PLEASE SUBMIT LEGAL DOCUMENTS REGARDING CUSTODY AND/OR VISITATION CHANGES.**

By signature below, I certify that all information included in this packet is correct to the best of my knowledge. Any omission or falsification of requested information is grounds for disciplinary action up to and including denial of admissions or expulsion.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Oak Forest Academy Financial Contract - 2026-2027

### Parent, Guardian or Legal Representative Information:

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature of Parent, Guardian or Legal Representative \_\_\_\_\_

Date \_\_\_\_\_

Student's Name:

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

\_\_\_\_\_ Grade for 2026-2027 year: \_\_\_\_\_

**PRINCIPAL EVALUATION FORM**  
**Please print additional forms as needed for additional students**



**Instructions to Parents:** Please complete items 1 through 3, then give this form to the Principal or other authorized officer at your child's current school and ask that it be completed and returned to the Oak Forest Academy Admissions Office.

1. Applicant Name: \_\_\_\_\_ Applying to grade: \_\_\_\_\_  
My son/daughter is applying for admission to Oak Forest Academy. I would appreciate you completing this form and returning it directly to the Oak Forest Academy. I hereby authorize the release of my child's records and evaluative data to Oak Forest Academy.

2. Parent/Guardian Signature: \_\_\_\_\_

3. Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is the candidate's record with you a true index of ability, or have outside circumstances interfered with academic achievement? (for example: illness, excessive involvement in extra-curricular activities, difficult home situation, etc). If not a true index, please explain:

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This student has been sent to my office for disciplinary problems:    ☐ often    ☐ seldom    ☐ never

This student has been suspended \_\_\_\_\_ times.

Has the student been expelled and therefore, not eligible to return next year?    ☐ Yes    ☐ No

Please indicate the student's rating by checking one option:

**ACADEMIC ABILITY:**            ☐ High            ☐ Medium            ☐ Low

**ACADEMIC PERFORMANCE:**    ☐ High            ☐ Medium            ☐ Low

**CHARACTER:**                    ☐ Excellent    ☐ Good                    ☐ Poor

**BEHAVIOR:**                      ☐ Excellent    ☐ Good                      ☐ Poor

**ATTENDANCE:**                 ☐ Excellent    ☐ Good                      ☐ Poor

Outstanding talents/accomplishments, comments, or reservations not covered by the above categories:

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**CONFIDENTIAL TEACHER EVALUATION FORM**  
**Please print additional forms as needed for additional students**



**THE FOLLOWING PORTION IS TO BE COMPLETED BY THE STUDENT'S PARENT:**

Applicant Name: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

My child is applying for admission to Oak Forest Academy. Please complete the following and return directly to Oak Forest Academy Admissions Office attention Allison Leto, via fax 985-748-4320 or email

[allison.letto@ofajackets.org](mailto:allison.letto@ofajackets.org)

I hereby authorize the release of my child's records and evaluative data to Oak Forest Academy. I understand that this completed form will not be available to students, parents, or guardians.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**TEACHER:** As a current teacher, please evaluate the applicant based on your direct knowledge of him or her. Keep in mind that the student should be evaluated according to others of the same chronological age. The members of the Admissions Committee thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. This student's application cannot be processed until the Admissions Office receives this form.

**Academic Ability:**

- ☐ High
- ☐ Medium
- ☐ Low

**Academic Performance:**

- ☐ High
- ☐ Medium
- ☐ Low

**Completes Assignments:**

- ☐ Always
- ☐ Sometimes
- ☐ Never

**Attendance/Tardiness:**

- ☐ Often
- ☐ Seldom
- ☐ Never

**Classroom conduct:**

- ☐ Frequent disruptions
- ☐ Occasional disruptions
- ☐ Usually good behavior
- ☐ Excellent behavior

**Ability to work in a group:**

- ☐ Has great difficulty
- ☐ Sometimes has difficulty
- ☐ Usually effective
- ☐ Always works well

**Teacher Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Is there anything else about this student you would like to relate?

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**Ability to stay on task and work independently:**

- ☐ Needs frequent refocusing
- ☐ Needs help frequently
- ☐ Needs help occasionally
- ☐ Always works well on own

**Fulfills responsibilities:**

- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**Response to a new social situation:**

- ☐ Withdraws to watch
- ☐ Participates with strain
- ☐ Participates with ease
- ☐ Tends to dominate others
- ☐ Disrupts activity

**Social adjustment with peers:**

- ☐ Relates poorly
- ☐ Establishes relationships but has problems
- ☐ Healthy relationships

**Response to a conflict situation:**

- ☐ Gives up
- ☐ Cries
- ☐ Fights
- ☐ Tries to resolve with peer
- ☐ Seeks teacher's help

**Consideration of others:**

- ☐ Rarely considerate
- ☐ Usually considerate
- ☐ Considerate
- ☐ Extremely considerate



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Please **ONLY** fill out this form if you **DO NOT** want your student's picture posted on social media, the website, or the yearbook. Please be aware that this will remain on file until a change is requested.

I hereby **DENY** permission of the following minor(s), the right to take, edit, copy, exhibit, publish, and make use of any and all pictures or video taken of minor(s) to be used in and/or for any promotional materials

Student's First and Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_