

OCRS Application for Enrollment

Oak Creek Ranch School
PO Box 4329
West Sedona, AZ 86340-4329
Ph: (928) 634 5571
Fax: (928) 634-4915



Student Information

Name: _____, _____, _____, _____ **M / F**
Last First Middle Nickname Gender
Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____ Ethnicity (optional) _____
Country of Birth: _____ Citizenship: _____ Passport # _____
Permanent Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country
Mailing Address: _____, _____, _____, _____
(if different) Street City, State Zip/Postal Code Country
Phones: (____) _____ - _____, (____) _____ - _____ Email: _____
Home Cell
Expected Grade Level at Entry: _____ Desired Date of Enrollment: _____

Family Information

Student lives with: _____ Legal Guardians: _____
(Please list all Legal Guardians)
Mother/Father Relationship: _____
(Relationship and living situation of mother and father)
Siblings: _____
(Names and ages of all siblings)
Special Custodial Arrangements: _____
(List and provide documentation for any special custody arrangements)

Father's Information

Name: _____, _____, _____, _____
Last First Middle Prefix (Mr., Dr.)
Permanent Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country
Mailing Address: _____, _____, _____, _____
(if different) Street City, State Zip/Postal Code Country
Employer: _____, _____
Job Title Company
Employer Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country
Phones: (____) _____ - _____, (____) _____ - _____, (____) _____ - _____
Home Cell Work Work Fax
Email: _____ Email 2: _____

Mother's Information

Name: _____, _____, _____, _____
Last First Middle Prefix (Ms., Dr.)
Permanent Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country
Mailing Address: _____, _____, _____, _____
(if different) Street City, State Zip/Postal Code Country
Employer: _____, _____
Job Title Company
Employer Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country
Phones: (____) _____ - _____, (____) _____ - _____, (____) _____ - _____
Home Cell Work Work Fax
Email: _____ Email 2: _____

Guardian / Contact Information (Please include contact information for other legal guardians or important contacts)

Guardian Information:

Name: _____, _____, _____, _____
Last First Middle Prefix (Mr., Ms., Dr.)

Relationship to Student: _____

Permanent Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country

Mailing Address: _____, _____, _____, _____
(if different) Street City, State Zip/Postal Code Country

Employer: _____, _____
Job Title Company

Employer Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country

Phones: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Cell Work Work Fax

Email: _____ Email 2: _____

Contact Information:

Name: _____, _____, _____, _____
Last First Middle Prefix (Mr., Ms., Dr.)

Relationship to Student: _____

Permanent Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country

Mailing Address: _____, _____, _____, _____
(if different) Street City, State Zip/Postal Code Country

Employer: _____, _____
Job Title Company

Employer Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country

Phones: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Cell Work Work Fax

Email: _____ Email 2: _____

Alternate Emergency Contacts: (In case parents and guardians cannot be reached)

Medical: _____ (____) _____ - _____ (____) _____ - _____
Name Home Phone Cell Phone

Behavioral: _____ (____) _____ - _____ (____) _____ - _____
Name Home Phone Cell Phone

Educational / Social Background

Previous School Information

Name of Previous School: _____ Currently Enrolled? Yes / No
Please Circle

School Address: _____, _____, _____, _____
Street City, State Zip/Postal Code Country

School Phones: (____) _____ - _____ (____) _____ - _____
Main Fax

Circle YES if student was enrolled in special education program at previous school: Yes / No

If YES please state nature of the special education program:

Previous School Information (continued)

Please explain the reason for leaving current or previous school:

Please list any of the student's interests, hobbies, sports, etc:

Please list, explain and provide documentation for any of the student's diagnosed academic or physical disabilities:

Please list and explain the student's academic strengths and weaknesses:

Please list and explain the student's social strengths and weaknesses:

Please explain reason for any current or previous professional counseling. Be sure to indicate if counseling is ongoing and include any conclusions and recommendations:

Please explain student's involvement with alcohol or drugs, if any. Also discuss any legal proceedings related to such involvement and the current status of those proceedings:

Please discuss the student's involvement in any other legal proceedings NOT related to involvement with alcohol or drugs, and the current status of those proceedings:

Please list any current medication being taken by the student. Please include dosage and reason for the medication:
