

# OCRS Application for Summer 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 Summer Session(s):  1<sup>st</sup> - June 4 to July 1, 2017  
 2<sup>nd</sup> - June 18 to July 15, 2017  
 3<sup>rd</sup> - July 2 to July 29, 2017  
 8 weeks June 4 to July 29, 2017

## 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: \_\_\_\_\_

**Additional 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



