

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



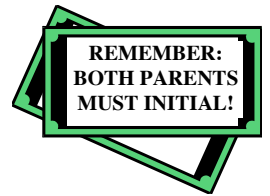


**OAK CREEK RANCH SCHOOL CONDITIONS OF ENROLLMENT**

**In as much as we endeavor to maintain high standards among our students, and to provide them with a wholesome atmosphere in which to live and study, we must be allowed certain privileges and protections in the care of your child. It is understood that you, as parents or guardian of the child, and the student hereby authorize and agree to the following matters:**

- A.** In case of illness, or accident or other similar emergency, the school, or any authorized agent thereof, is authorized to seek and obtain medical care or treatment for your child, and may authorize any physician, hospital or medical institution to render the necessary care. (See also Medical release)
- B.** Authorized school personnel shall have access to all dormitories, private rooms therein, cases, packages, mail and containers for the purpose of inspection at any time. Authorized school personnel shall also have the right to open and inspect any mail or other packages being received or sent by a student at any time.
- C.** For the purpose of facilitating the settlement of insurance claims for accidents or medical care, it is agreed that the doctors, hospitals or other medical care providers concerned with the care of your child have your permission to give requested or necessary information to the school upon request.
- D.** The school reserves the right to dismiss at any time a student whom in our judgment has proven to be an unsatisfactory member of the school community. If, in the school’s judgment, a student’s counsel or conduct on or away from campus indicates that he or she is out of sympathy with the ideals, objectives and program of the school, the student may be withdrawn or dismissed on the school’s request even though there may have been no infraction of a specific rule. If a student is otherwise disciplined, it shall not constitute a waiver of the school’s right to withdraw or dismiss a student or students at a later date.
- E.** The school does not assume responsibility for loss or damage to student’s possessions. The undersigned agrees that the student, parent or guardian will independently and separately insure such items.
- F.** The parent(s)/guardian whose signature appears below hereby grants the director of Oak Creek Ranch School the right of in loco parentis for the period of enrollment only, and hereby agrees to indemnify the school for any and all costs or expenses incurred by the school on the applicant’s behalf, and for any and all costs, expenses or damages incurred by the school due to the applicant’s acts or omissions.

**Signing of this agreement constitutes the acceptance of its terms and the contract to pay the entire year’s tuition as specified on the tuition schedule. The undersigned further agrees and understands that there is no right to any reduction or refund of any tuition, recreation or transportation fee in the event of the applicant’s absence, withdrawal or dismissal from the school, regardless of the circumstances. In the event full payment has not been made at the time of any absence, withdrawal or dismissal, the total contract amount shall remain due and owing.**



\_\_\_\_\_ Initial please

\_\_\_\_\_ Initial please

All payments hereunder are to be paid at our offices in West Sedona, Arizona. In the event of nonpayment, the undersigned further agrees to pay 1-1/2% interest per month delinquency fee on the unpaid balance, from due date of above tuition until paid in full or otherwise agreed. In the event of any dispute arising out of the student’s enrollment, this agreement, dispute over tuition or non-payment of tuition, the prevailing party shall be entitled to reimbursement of all court costs, expenses and attorney’s fees.

**This agreement is made and entered into in the State of Arizona and the contract arising from application and acceptance shall be construed and governed by the laws of the State of Arizona. Exclusive jurisdiction and venue for any dispute or claim arising between the school, the undersigned and/or the student shall be only in Yavapai County, Arizona. The student and the undersigned agree to all of the above conditions of enrollment.**

**Signature of Parents or Guardian:**

**Father/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

