



IGNITE CURIOSITY. TRADITION. & LEADERSHIP

# STUDENT APPLICATION

Please return form: By Email: [director@ocflexschool.com](mailto:director@ocflexschool.com) or By Fax: +1 949 271 5355

## STUDENT INFORMATION - PRINT CLEARLY IN BLOCK LETTERS (UPPER CASE)

First Name			
Last Name			
Gender			
Date of Birth	Day:	Month:	Year:
Grade for which you are applying			
Passport Number or Social Security No.			
Home Address	Address Line 1		
	Address Line 2		
	City		
	State or Province.	Zip/ Postal Code:	
	Country		
Phone Number	Email Address		
Current School Name			
Current School Address			

PARENT 1/ GUARDIAN 1 INFORMATION

First Name	
Last Name	
Home Address	Address Line 1
Or	Address Line 2
<input type="checkbox"/>	City
Same as Student	State or Province                      Zip/ Postal Code
	Country
Phone Number	
Email Address	

PARENT 2/ GUARDIAN 2 INFORMATION

First Name	
Last Name	
Home Address	Address Line 1
Or	Address Line 2
Same as Student	City
<input type="checkbox"/>	State or Province.                      Zip/ Postal Code:
	Country
Phone Number	
Email Address	

**Payment**

The non-refundable application fee is \$50. Sign and complete this form to authorize the school below to make a one-time charge to your Credit Card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

PAYMENT INFORMATION	
Credit Card Number	
Name on the Card	
Expiration Date	
Security Code	
Zip Code	

**PARENTAL AGREEMENT**

*I certify that all information given in the application process is complete and accurate. I understand that failure to discuss information about the applicant's medical, educational or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school.*

Print Parent/ Guardian's Name:

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian's Signature:

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Course Options:

Please CIRCLE your preferred program.

COURSE INTEREST FORM		
<input type="checkbox"/> ACADEMIC CORE (MWF 9-3pm)	<input type="checkbox"/> ELECTIVES PROGRAM TU/THU (9-3PM)	<input type="checkbox"/> BOTH ACADEMIC & ELECTIVES (MTWTHF 9- 3PM)
Elective Classes you would be interested in?		

