



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

PARENT 2/ GUARDIAN 2 INFORMATION

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

## Payment

The non-refundable application fee is \$250. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Boarding Options:

## Boarding Interest Form:

BOARDING INTEREST FORM	
Are you interested in Boarding with Soteric?	<i>Circle:</i> YES / NO / MAYBE
Allergies to animals? Please list them here.	
Allergies to food, medicine or other things we should know of? Please list them here.	
Any medical issues housing staff should know of?	