



THE ORME SCHOOL

Excellence. Tradition. Character.

SUBMITTING YOUR APPLICATION

Please complete this application and e-mail, fax, or postal mail to:

E-mail: Admissions@OrmeSchool.org

Fax: (928) 632-7605

Mail: The Orme School, ATTN: Admissions
HC 63, BOX 3040, Mayer, Arizona 86333 USA

APPLICANT INFORMATION (Please Print):

First Name _____ Last Name _____ MI _____

Preferred Name _____ Gender: Male Female

Address _____ City/State/Zip _____

Date of Birth (MM/DD/YYYY) _____ City of Birth _____ Country of Birth _____

Citizenship _____

1. Check grade to which you are applying: 8 9 10 11 12 PG

2. Check term for which you are applying: Spring Fall

3. Check residential status for which you are applying: Boarding Student Day Student

4. Contact Information:

Phone: Cell (include country code if applicable) _____ E-mail _____

5. If not English, what language is spoken in your home? _____

6. Do you intend to apply for financial aid? Yes No

7. How did you hear about The Orme School?

Online Friend Radio Newspaper Magazine Other: _____



Applicant's First Name Last Name MI

EDUCATIONAL BACKGROUND

Name of Current School

School Address City/State/Zip

Province Country

Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

School Phone

1. Type of School

Independent Public Parochial Home Schooled Other

2. List the names and addresses of any other school you have attended since sixth grade:

Years Attended School Name City/State/Province/Country

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Years Attended School Name City/State/Province/Country

3. Have you ever been involved in any disciplinary action resulting in a response (e.g. censure, suspension, withdrawal or dismissal) from your school?

YES NO If yes, tell us which grade and why?

Multiple horizontal lines for text input.



Applicant's First Name Last Name MI

FAMILY INFORMATION

- 1. Applicant lives with:
2. Parents are:
3. If parents are divorced or separated, who should receive correspondence from The Orme School?
4. Who has custody of applicant?
5. Who will be responsible for all fees?

PARENT/GUARDIAN 1

Parent/Guardian Name (please print) Relationship to Applicant
Home Address City/State/Zip
Province Country
Phone (Home) Phone (Cell) E-mail
Employer Occupation/Title

PARENT/GUARDIAN 2

Parent/Guardian Name (please print) Relationship to Applicant
Home Address City/State/Zip
Province Country
Phone (Home) Phone (Cell) E-mail
Employer Occupation/Title



Applicant's First Name Last Name MI

FAMILY INFORMATION (continued)

Please list your sibling(s) name, age, and current educational status.

Form with 4 rows for sibling information, each row containing fields for Name, Age, and Present School/College.

Please list the name, class and relationship of friends or relatives who currently attend, or have attended The Orme School.

Form with 4 rows for friends/relatives information, each row containing fields for Name, Class, and Relationship.

By signing this application, the signer agrees that all materials, including teacher recommendations, submitted as part of the application process are completely confidential and will not be released to anyone, including the applicant and his or her family. The signer also indicates that he or she has the authority to enroll the applicant in The Orme School, should the applicant be admitted.

Applicant's Signature Date

Parent/Guardian's Signature Date

