



THE ORME SCHOOL

Excellence. Tradition. Character.

Dear Orme Parents/Guardians,

Welcome to The Orme School! **For both new and returning students, please complete and sign all of the following forms in this Matriculation Packet, and return them as soon as possible to:**

Advancement Office
The Orme School
HC 63, Box 3040
Mayer, AZ 86333
admissions@ormeschool.org

An important reminder to all of our families and students – Health Information must be received by the School before the student arrives on campus. The school is using SchoolDoc.com again, which is an online program. You will receive more information separately about accessing and submitting that information.

For any questions, or to receive replacement forms, please email us at admissions@ormeschool.org.

We are looking forward to welcoming your student to Orme!

Sincerely,

Bruce A. Sanborn
Head of School
The Orme School
(928) 632-7601

www.ormeschool.org

The Orme School

Student's Information for 2019-2020

Name of Student:

First Name

Middle Initial

Last Name

Date of Birth:

Grade:

Boarding: _____

Day: _____

International: _____

Student's Primary Address:

NOTE: If there is a custody issue, the School must have a copy of the court order showing custody details (sole or joint). If the School does not have specific instructions, we will include both parents in mailings and information regarding your student, and will allow your student to leave campus with either parent (custodial or non-custodial) unless the custody agreement specifically states otherwise.

The Orme School

Name of Student:

Important Contact Information for 2019-2020

To promote effective communication, and to enable the School to contact family, relatives or friends who can act as guardian in the unlikely event that parents/guardians cannot be contacted during an emergency, please complete this form as accurately as possible. **We ask that you keep us updated on any changes that occur during the year such as postal address, email address and/or phone number** so the School will be able to contact you at any time. Please print your information.

Student lives with: _____

Parents are: Married _____ Divorced _____ Separated _____ Other _____

If divorced or separated, please indicate if student information (correspondence, grades, etc.) is to be sent to both parents: Yes _____ No _____

Parent/Guardian 1

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

Preferred Method of Contact: _____

The Orme School

Name of Student:

Important Contact Information for 2019-2020 continued

Parent/Guardian 2

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

Preferred Method of Contact: _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

Preferred Method of Contact: _____



REQUEST FOR OFFICIAL TRANSCRIPT

To be completed by parent/guardian. Please print.

Dear Orme Parent/Guardian,

Please complete this form, and send it directly to your child's current school in care of the Registrar.

To the Registrar:

The student named below has applied for admissions to The Orme School. To complete the application, The Orme School requires an official transcript from the student's current school and school year, complete through at least the first semester. This transcript should also include the student's previous school year.

STUDENT INFORMATION

First Name Middle Initial Last Name

Date of Birth (MM/DD/YYYY)

Address City State Zip Code

Province Country

STATEMENT OF PERMISSION TO RELEASE TRANSCRIPT

I hereby authorize the release of my child's transcript (*as outlined in the top section of this release form*) to The Orme School, for use in evaluating eligibility for admission.

Parent/Guardian Signature Date

Parent/Guardian Printed Name

PLEASE EMAIL, FAX, OR SEND BY POSTAL MAIL TO:

Advancement Office
The Orme School
HC 63, Box 3040
Mayer, AZ 86333
admissions@ormeschool.org
Phone: (928) 632-7601
Fax: (928) 632-7605

The Orme School

Name of Student:

First Name

Middle Initial

Last Name

Permission Information for 2019-2020

Please indicate the name and relationship to the student of any individual (other than the student's parents or guardians) who is authorized to take your student off campus, or have any contact with your student. This information is for the safety of your child.

Name of Individual #1: _____

Relationship to Student: _____

Name of Individual #2: _____

Relationship to Student: _____

I hereby give permission to the above listed person(s) to take my student off campus for the purpose of:

He/she/they may also have contact with my son/daughter.

Signature of Parent/Guardian 1

Printed Name of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Printed Name of Parent/Guardian 2

Date

The Orme School

Name of Student:

First Name

Middle Initial

Last Name

Permission Information for 2019-2020 continued

For the academic year 2019-2020, or until permission is changed by written notice from parents/guardians, my student is granted permission to go on all School-sponsored trips that may include, but are not exclusive to, trips to other schools, shopping malls, theaters, concerts, dances, performances, sporting and other events. Permission is also granted for my students to ride in any chartered bus, or in vehicles driven by, or under the direction of, the School faculty or staff and their spouses, and by any person approved by the Head of School or his/her representative.

In addition, my student may/may not ride in vehicles driven by or under the direction of:

- Yes No An adult member of his/her family, including siblings, grandparents, uncles, aunts, cousins.
- Yes No A parent of another student enrolled at The Orme School.
- Yes No An adult family member of another Orme School student.
- Yes No The following named individuals:

Signature of Parent/Guardian 1

Signature of Parent/Guardian 2

Printed Name of Parent/Guardian 1

Printed Name of Parent/Guardian 2

Date

Date

The Orme School

Name of Student:

First Name

Middle Initial

Last Name

August 2019 Arrival Information

We look forward to seeing your student. In order to best facilitate your student's arrival, please complete the information below. If you have any questions or concerns, please email Laurel Day at transportation@ormeschool.org. **All students** (other than football players and Prefects) **must arrive on campus on Monday, August 26, 2019. There is a \$250 fee for any student who arrives before or after our scheduled travel dates listed below.**

Option 1 – For students needing transportation on The Orme School bus, we will provide airport pickup at Phoenix Sky Harbor International Airport. The School provides limited service. Students will meet the School's representative at Terminal 4, Baggage Claim, Door 8, and will then be placed on the School's shuttle bus back to campus.

- Student Athletes** – I am a football player, arriving at Sky Harbor Airport on **Tuesday, August 20**. Shuttle departs airport at 1:00 PM. Please contact Orme's Athletic Director Austin Hudson (ahudson@ormeschool.org) to confirm your participation in football.
- Student Leaders** – I am returning to Orme as a Prefect, and will arrive at Sky Harbor Airport on **Friday, August 23**. Shuttle departs from the airport at 1:00 PM.
- All Other Students (New and Returning)** – I am a student arriving at Sky Harbor Airport on **Monday, August 26**. Shuttles depart from the airport from 10:00 AM until 5:00 PM.

Please print clearly:

Airline: _____

Flight #: _____

Arrival Time: _____

Arriving From: _____

The Orme School

Name of Student:

August 2019 Arrival Information continued

Option 2 – For students not needing transportation on The Orme School shuttle bus, or who are traveling outside of our scheduled pickup times, please complete the information below.

- Student Athletes** – A family member or friend will drive me to The Orme School campus. I will arrive at The Orme School on:

Day and Approximate Time

- Student Leaders** – A family member or friend will drive me to The Orme School campus. I will arrive at The Orme School on:

Day and Approximate Time

- All Other Students (New and Returning)** – A family member or friend will drive me to The Orme School campus. I will arrive at The Orme School on:

Day and Approximate Time

If you are flying, please fill out the information below, and print clearly:

Airline: _____

Flight #: _____

Arrival Time: _____

Arriving From: _____

If you require a private car service to pick you up, please make arrangements with Willis Sedan at (602) 292-9649, or willissedans@yahoo.com. If available, they will meet you at your terminal's baggage claim area, and bring you directly to The Orme School. The School does not pay, nor does it make reservations, for private shuttle/limousine services.

The Orme School

Name of Student:

First Name

Middle Initial

Last Name

Request for Student Car Privileges

It is a privilege granted by The Orme School and its designated representatives for students to be allowed to have their vehicles on campus. Students will follow all verbal and written guidelines set by The Orme School and its designated representatives.

Vehicles may be used only on weekends to transport students to their home, or homes approved on this form. Permission may be granted to drive to the homes of other Orme School students on the weekend. Students and their parents/guardians must have all proper permissions and forms submitted and approved through the Director of Residential Education & Transportation, or an appropriate School representative.

The Orme School reserves the right, but is not limited, to:

- ☒ Collect all copies of the student's car keys.
- ☒ Establish and update vehicle use guidelines as needed, including requirement for student to purchase a steering lock at his/her own expense.
- ☒ Search student's vehicle on campus, with or without informing the student and car owner in advance.
- ☒ Tow registered and unregistered vehicles at the owner's expense.
- ☒ Deny a student car privileges at any time throughout the year due to the student's liability, disciplinary and/or academic standing. Parents/Guardians will be notified by the Director of Residential Education, or a designated School representative.

As part of the student's car privilege request, the student must submit this completed and signed form with:

- ☒ Valid Driver's License
- ☒ Valid proof of auto insurance
- ☒ Valid vehicle registration
- ☒ Signed copy of this form with signatures of both the parent(s)/guardian(s) and student

Briefly, but as completely as possible, describe the reason for your request:

Your signature below indicates that you – the student and parent(s)/guardians(s) – agree to abide by the policies and expectations for student drivers as stated in this form and in the Parent-Student Handbook.

Signature of Parent/Guardian

Signature of Student

Printed Name of Parent/Guardian

Printed Name of Student

Date

Date

Please list best phone number(s) to contact you regarding this Car Privilege Request:

The Orme School

Name of Student:

Student Car Privileges – School Approval Section

To be completed by a representative of The Orme School

Request Approved by: _____

Date: _____

Request Denied by: _____

Date: _____

Additional Comments:

Signature of Orme Representative:

Title:

Date:
