

APPLICATION FOR ADMISSION



Full Time Student Seasonal Student

Name /
(FIRST) (MIDDLE) (LAST) (PREFERRED)

Application for Grade Date of Projected Entrance (month/year) Male Female

Age Date of Birth Birthplace
(MONTH/DAY/YEAR) (CITY/STATE)

Citizenship Social Security Number Religion

Father's Full Name

Mother's Full Name

Home Address
.....
(CITY/STATE/ZIP)

Home Address
.....
(CITY/STATE/ZIP)

Email

Email

Telephone (.....)

Telephone (.....)

Occupation

Occupation

Job Title

Job Title

Name of Firm

Name of Firm

Business Address
.....
(CITY/STATE/ZIP)

Business Address
.....
(CITY/STATE/ZIP)

Telephone (.....)

Telephone (.....)

College Attended

College Attended

Degree

Degree

Are parents separated? Yes No If yes, who has legal custody?

With whom does student live?

If parent of custody is remarried, please give name of spouse:

Please indicate name(s) of person(s) who should receive report cards:

Please indicate name, relationship to applicant and billing address if different from above:

Please give names and ages of brothers and/or sisters and the names of the schools or colleges they attend:

Please indicate if applicant has siblings attending The Academy at Ocean Reef:

Will other siblings be applying to The Academy at Ocean Reef in the future?

List significant school or community activities in which the applicant has been involved (athletic, artistic, literary, youth groups, etc.) or special talents which applicant possesses: (Please use additional page if necessary.)

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.....

Applicant's Present School Current Grade

Principal/Guidance Counselor Telephone (.....)

School Address

(STREET)

(CITY)

(STATE/ZIP)

Please check one: Independent Parochial Public School Fax (.....)

Is applicant eligible to return to present school? Yes No Years Attended

Please list all schools attended for the previous three years:

1. Dates Attended Grades

2. Dates Attended Grades

3. Dates Attended Grades

Relatives who have attended The Academy at Ocean Reef:

Name Graduation Year/Years Attended Relationship to Applicant

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.....
.....

Special Needs:

Has the applicant had a professional educational diagnostic evaluation? Yes No
(If yes, please include a copy of the evaluation report.)

If the applicant has special health problems, a specific learning disability, or emotional or behavioral problems which could have a bearing on the student's performance in a demanding educational program, please detail relevant information in confidence in a separate letter to the Head of School.

Financial Aid:

Limited opportunities are available for financial aid in grades PS-8 only.
Check here you wish to receive an application for financial aid.

How did you first hear of The Academy?

.....

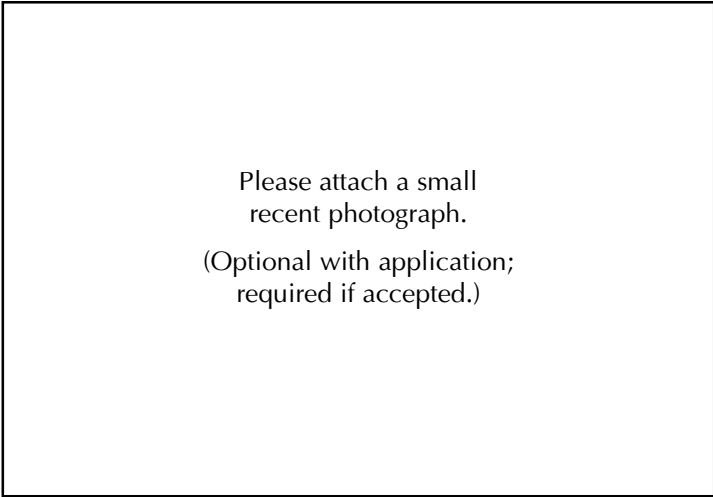
Other person to be notified in case of accident or illness:

Name Relationship Telephone (.....)

IF YOU ARE IN THE PROCESS OF MOVING TO THIS AREA, PLEASE GIVE YOUR MAILING ADDRESS FOR ALL ADMISSION CORRESPONDENCE:

.....

Telephone at this address (.....)



Are the parents a member of The Ocean Reef Club, Ocean Reef Community Association, or Key Largo Anglers Club?

Yes No

If yes, please enter Club membership number:

Relatives who are members or residents of The Ocean Reef Club or Key Largo Anglers Club:

Name	Address	Relationship to Applicant
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.....
.....

Automatic Credit Card Authorization:

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for your billed amount and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Payment Information:

I authorize The Academy at Ocean Reef, Inc. to automatically bill the card listed below on a monthly billing or The Academy at Ocean Reef, Inc. may determine other billing intervals from time to time. The billing may start at any time after the date of the customer's signature below and end when the contract expires or any time the customer provides written notice of cancellation.

Credit Card Information (To be completed by customer)

The Academy at Ocean Reef accepts the following credit cards: Visa, MasterCard

Credit Card Type Credit Card Number Expires/.....

Cardholder's Name Cardholder's Zip Code (required) -
(AS SHOWN ON CREDIT CARD) (FROM CREDIT CARD BILLING ADDRESS)

Customer's Signature

Date

..... / /

Conditions and Terms of Agreement

I understand and agree to the following conditions of admission:

1. Admission to The Academy at Ocean Reef is competitive and is based on an applicant's ability to succeed academically and to contribute to the school. The Admission Committee attempts to make a fair decision in every case. In making application to The Academy at Ocean Reef, parents should understand that the decision of the Admission Committee is made with the best interests of each candidate as the primary concern.
2. The Admission Committee will not consider this application until (a) this application is complete and submitted with the signature as indicated below, (b) the nonrefundable application fee of \$150 has been paid, (c) complete school records have been received, and (d) the applicant has completed a visit day.
3. The Academy at Ocean Reef's acceptance of an applicant for the next school year is contingent upon successful completion of the applicant's current grade.
4. Within ten days of notification of acceptance, applicants must return the completed enrollment contract covering the year that the student plans to enter the school with the non-refundable tuition deposit stated in the contract. This deposit is applied directly to the total tuition and cannot be refunded except under the conditions stated on the contract.
5. A vital part of The Academy at Ocean Reef's mission is the development of character and social responsibility, therefore, each student's conduct, both at school and in the community, concerns the school. Conduct or attitudes, which the faculty and administration consider seriously detrimental to other students or to the school may be considered grounds for dismissal.
6. A student's success and happiness in the school environment depends greatly upon positive parental support of school policies. Your cooperation and support are necessary and expected.

Date Signature of Parent or Guardian

Relationship Print name of Parent or Guardian

The Academy at Ocean Reef admits students of any race, color, national or ethnic origin to all the rights, privileges programs and activities generally accorded and made available to students at the school. The Academy at Ocean Reef does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, athletic and other school administered programs. Disabled students (or disabled family members of applicants) requiring any type of accommodation during the application process or otherwise are encouraged to identify themselves and indicate what type of accommodation is needed.

*The Academy at Ocean Reef is accredited by The Florida Council of Independent Schools (FCIS),
The Florida Kindergarten Council (FKC) and is a member in good standing in NAIS.*



THE ACADEMY AT OCEAN REEF

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