

Summer Admission Application

ORMA
Admissions Office
Post Office Box 498
Oak Ridge, NC 27310
336-643-4131 (phone)/336-643-1797 (fax)

Instructions: Complete and return this form, the Admission Medical Form, along with the \$25 Non-Refundable Application Fee to begin the application process.

Application Date: _____

Middle School: 6th 7th 8th **High School:** 9th 10th 11th 12th

To be: Day Student 5-Day Boarder 7-Day Boarder

Leadership/Adventure Camp

Session #1 June 27-July 10, 2010 Session #2 July 11-July 24, 2010

Academic Summer School

A. 8th Grade (Rising 8th Grader) Session: June 27-July 31, 2010
 B. High School (Rising 9th Grader to 12th Grader)

Requested Class for High School (select a repeat course or a new course)

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- Session #1: June 27 -July 31, 2010 (5 weeks)
 Session #2: June 27-July 14, 2010 (2 ½ weeks)
 Session #3: July 15-August 1, 2010 (2 ½ weeks)

Please print legibly. International students, please write your name exactly as it appears on passport or visa.

Student's Full Name _____
First Middle Last

Male Female

Preferred Name or Nickname _____

Height _____ Weight _____ Age _____ DOB _____

SS# _____

Country of Birth _____ City/State of

Birth _____

Citizenship _____

Province/Territory (if needed) _____

Race (Optional): Am. Indian Asian Black Hispanic White
 Other _____

Please check any of the following that apply to the student:

Parents are divorced / separated

Father / Mother is deceased

Father / Mother is remarried

Stepmother's Name

Stepfather's Name

Student now lives with

both parents / mother / father /

guardian named below

Guardian's Name

Relation to the student

Phone

E-Mail

Please provide the Full Name and Address of the Parent(s)/Guardian(s) submitting this application:

Name _____

Address _____

City _____ ST _____ Zip _____

Country _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail _____

Occupation _____

Employer _____

Who will be financially responsible? Father Mother

Other _____

Recent School History

Current School: _____ Previous School: _____

Address: _____ Address: _____

City: _____ St: _____ Zip: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Dates of Attendance: _____ Dates of Attendance: _____

Grade(s) Completed: _____ Grade(s) Completed: _____

Special Interests and Activities Data

Has the applicant participated in a JROTC/military program? Yes No If yes, what rank do they hold? _____

(If applicant participates in JROTC, please send letter from Instructor and a copy of official records.)

List any special awards or accomplishments, any sports/extra-curricular activities and/or community service projects in which the applicant has participated: _____

Certification:

I certify that the information on this application for admission is correct to the best of my knowledge, and I agree to immediately notify ORMA in writing when any changes to the above information occur. I understand any deliberate falsification or misrepresentation on this student application or other information provided to the Academy may result in dismissal. I understand the Academy is unable to personalize, customize, or individualize the academic curriculum or behavioral standards for young people with special needs. I further understand I am entering into a one year contract with the Academy, and if my child is withdrawn or dismissed I am not entitled to a refund.

Signature of Parent/Guardian

Date

Signature of Academy Representative

Date

ORMA Admissions Policy Regarding Chronic Health Conditions

If an applicant to ORMA has a chronic health condition, ORMA staff will request medical information directly from the student's primary care physician and other healthcare provider(s) prescribing medication or providing other healthcare services to the student. If review is necessary, ORMA will provide you with consent for release of information from these individuals. Staff will review this information with ORMA medical consultant(s), who may contact the parents and physician(s) to discuss the student's needs in more depth. The consultant(s) may charge the parent for this consultation. With guidance of the consultant(s), ORMA will determine whether and how ORMA can meet the student's healthcare needs. Failure of parents to disclose health information to ORMA prior to the student's admission may result in suspension of the student without refund of fees.

Health Information

- 1 Has the student been under treatment for any medical, behavioral, emotional or learning problem during the past year? YES NO (Give details.) _____

- 2 Is the student currently on any medication? YES NO (List all medications.) _____

- 3 Has the student received medication for any health condition during the past year? YES NO (List all medications not listed above.) _____

- 4 Has the student been expelled or suspended from any school? YES NO (Give details.) _____

- 5 Has your child been hospitalized or placed in a residential facility for any medical or mental health condition? YES NO (Give details.) _____

- 6 Please list any health professional who has provided service to your student in the past year.

Additional Medical Data

- Has the applicant ever been hospitalized for any reason? Yes No (If yes, explain below.)
- Has the applicant ever been treated for substance abuse (alcohol/drugs)? Yes No (If yes, explain below.)
- Has the applicant been identified as having ADD/ADHD? Yes No (If yes, explain below.)
- Has the applicant been identified as having ODD/OCD or being Bipolar? Yes No (If yes, explain below.)
- Has the applicant ever been under the care of a therapist or counselor? Yes No (If yes, explain below.)
- Has the applicant ever undergone an educational evaluation administered by a clinical Psychologist, psychiatrist or counselor? Yes No (If yes, provide a copy.)

If your child has been identified as having ODD, OCD or being Bipolar, you must provide a psychological evaluation prior to an acceptance decision.

If you answered yes to any of the previous questions, please explain below:

Additional Information

- Has the applicant ever been taken into custody by the police? Yes No (If yes, explain below.)
- Has the applicant ever been convicted of a crime or is he/she currently awaiting trial? Yes No (If yes, explain below.)
- Has the applicant ever been or is he/she currently on probation? Yes No (If yes, explain below.)
- Has the applicant ever been involved in physical violence? Yes No (If yes, explain below.)
- Has the applicant ever experimented with alcohol or drugs? Yes No (If yes, explain below.)
- Has the applicant skipped or repeated a grade? Yes No (If yes, what grade? ___)
- Does the applicant have an Individualized Education Plan? Yes No (If yes, provide a copy.)
- Has the applicant been identified as gifted/talented? Yes No (If yes, explain below.)
- Has the applicant been identified as having a learning difference or disability? Yes No (If yes, explain below.)

If you answered yes to any of the previous questions, please explain below:

Parent Questionnaire

1 Describe the student's academic performance, extra-curricular activities, or other accomplishments that best reflect the student's abilities, interests, and character.

2 What do you consider to be the student's most favorable characteristics and talents? (academic, social, music and arts, athletic, etc.)

3 Which aspects of ORMA's program have most influenced you to seek enrollment?

4 What personal qualities or capabilities of the student do you hope to see most improved through the student's ORMA experience?

5 Why do you believe ORMA would provide a better educational opportunity over the student's current school or other available school choices?

6 How do you think the student feels about enrolling and participating in classes and activities at ORMA?

Summer Camp Fees

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Oak Ridge, NC 27310
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Leadership Adventure Camp

- LAC "A": June 27 - July 10, 2010 (2 weeks) / Payment due no later than 06/08/10
- LAC "B": July 11 – July 24, 2010 (2 weeks) / Payment due no later than 06/22/10

- 7 Day Boarding - \$1,950.00 (includes weekend activities)
- Day Student - \$950.00 (includes weekend activities)

Academic Camp/8th Grade Students

- Session #1: June 27 – July 31, 2010 (5 weeks)/Payment due no later than 06/15/10**

- 7 Day Boarding - \$4,475 (includes weekend activities)
- 5 Day Boarding - \$3,725
- Day Student - \$1,950

Academic Camp/High School Students

- Session #1: June 27 – July 31, 2010 (5 weeks)/Payment due no later than 06/15/10**

- 7 Day Boarding - \$4,475 (includes weekend activities)
- 5 Day Boarding - \$3,725
- Day Student - \$1,950

- Session #2: June 27 – July 14, 2010 (2 1/2 weeks)/Payment due no later than 06/15/10**
- Session #3 July 15 - August 1, 2010 (2 1/2 weeks)/Payment due no later than 06/29/10**

- 7 Day Boarding - \$2,450 (includes weekend activities)
- 5 Day Boarding - \$2,100
- Day Student - \$1,100

Mail enrollment documents - with your payment - to the following address:

ORMA
Attn.: Admissions Office
P.O. Box 498
Oak Ridge, NC, 27310

Please direct all financial questions to the Business Office - #336-643-4131, Ext. #126