

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

APPLICATION FOR ADMISSION

Submission must include a copy of the Applicant's birth certificate

THIS APPLICATION IS FOR GRADE LEVEL (Circle one): 11 12 N/A

CHECK ONE: Fall Entry Mid-Term Entry Summer Camp YEAR _____

English as a Second Language (ESL) Special Ox Program for International Exchange Students

Spanish as a Second Language (ESL) Ox Program for International Exchange Students

Last Name, First Name, Middle Name: _____

Name Usually Called: _____

APPLICANT'S CONTACT INFORMATION (student lives w/): Father Mother Other N/A

Address: _____ City _____ State _____ Zip _____

HM #: () _____ Cell #: () _____

Email HM: _____

Date of Birth: _____ Place of Birth: _____

Nation of Citizenship: _____

Height: _____ Weight: _____ Shoe Size: _____

Social Security #: _____

Your response to the following racial/ethnic question is voluntary, but federal civil rights legislation and implementing regulations require this institution to submit counts of the student body by these racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the accurate reporting of this information. How would you describe yourself? Please check one.

White, Anglo, Caucasian (non-Hispanic)

American Indian or Alaskan Native

Asian or Pacific Islander (including Indian subcontinent)

Religion: _____

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

____ Hispanic (including Puerto Rican & Latin American)
____ Black, African-American, (non-Hispanic)
____ Other (Specify) _____

FOR MINORS ONLY | STUDENT GAURDIANSHIP

Biological/Adoptive Father's Complete Name (L,F,M) _____ Living ____ Deceased

Biological/Adoptive Mother's Complete Name (L,F,M) _____ Living ____ Deceased

Biological/Adoptive Parents are: ____ Married ____ Divorced ____ Separated ____ Widowed ____ Never Married/Single ____N/A

FATHER (Last ,First ,Middle): _____ Home Address:

_____ City _____ State _____

Zip _____ HM #: () _____ Cell #: () _____ Email:

_____ WK #:() _____

Employer : _____ Occupation: _____ Employer: _____

SPOUSE (Last ,First ,Middle): _____

Home Address: _____ City _____

State _____ Zip _____ HM #: () _____ Cell #: () _____

Email: _____ WK #:() _____

Employer : _____ Occupation: _____ Employer: _____

MOTHER (Last ,First ,Middle): _____

Home Address: _____ City _____

State _____ Zip _____ HM #: () _____ Cell #: () _____

Email: _____ WK #:() _____

Employer : _____ Occupation: _____ Employer: _____

SPOUSE (Last ,First ,Middle): _____

Home Address: _____ City _____

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

State _____ Zip _____ HM #: () _____ Cell #: () _____

Email: _____ WK #:() _____

Employer : _____ Occupation: _____ Employer: _____

CUSTODIAL PARENT or LEGAL GUARDIAN or EMERGENCY CONTACT (if above does not apply)

State _____ Zip _____ HM #: () _____ Cell #: () _____

Email: _____ WK #:() _____

Employer : _____ Occupation: _____ Employer: _____

Where did you first hear about the Ox School of Construction Resource Center? (Please specify)

Alumni name _____ Internet/Search Engine _____

Drive by | Signage _____ Counselor _____

Current Student _____ Word of Mouth _____

Other _____

Educational Background: Name and location of each school

_____ Dates _____

_____ Dates _____

_____ Dates _____

Military Service Experience Include National Guard or Years in Service

_____ Dates _____

_____ Dates _____

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Work History: Name, Occupation, and Responsibility (Attach Resume / CV if applicable)

Place of Work | Company _____ Dates _____

Occupation _____ Responsibility _____

Place of Work | Company _____ Dates _____

Occupation _____ Responsibility _____

Place of Work | Company _____ Dates _____

Occupation _____ Responsibility _____

Additional Fluent Language Spoken

Any other Special Interest or talents

GENERAL HEALTH and MENTAL HEALTH BACKGROUND

Has the Applicant been professionally diagnosed as requiring special education? ____ Yes ____ No

If so, please list the diagnosis given

PLEASE FILL OUT WHERE APPLICABLE:

Does the Applicant have a current I.E.P (Individualized Education Plan) or a B.I.P. (Behavioral Individualized Plan)?
____ Yes ____ No

If so, please explain and attach (applicant for academic enrollment only) the I.E.P or B.I.P. documentation filed by the school:

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Has the Applicant ever been clinically diagnosed with the following psychiatric disorders?
(Schizophrenia, Bipolar (I, II, NOS)

Yes No

Major depression, Dysthymia, Anxiety , Conduct disorder (ODD) Oppositional-Defiant Disorder
(OCD) Obsessive-Compulsive Disorder Tourettes Syndrome Asperger Syndrome , ADHD
ADD History of cutting or self-mutilation) PTSD

If so, please Check each and list all medication(s) prescribed by the treating primary care physician or psychiatrist:

Has the Applicant ever been treated for or tested positive for substance abuse? Date of occurrence:

Has the Applicant ever been involved with the juvenile authorities or been adjudicated a delinquent or dependent?

Yes No

On Probation Deferred Adjudication Awaiting Trial Convicted of a felony or
misdemeanor Currently Assigned Community Service

NOTE: Documentation relating to any of the above responsibility must be provided with this application.

I hereby certify that the information on this application is true and complete and that there are no disciplinary actions, criminal charges or juvenile proceedings pending that I have not disclosed. I understand that any material falsification or omission may be cause for dismissal.

Date: _____

Parent/Guardian Signature if Minor:

Signature of
Applicant: _____

QUESTIONS FOR MINOR's PARENTS and or 18 and over APPLICANTS (if more space is needed please attach your responses):

Describe applicants distinguishing characteristics of Child or Applicant (positive and/or contrary):

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

What are your expectations for your child/or applicant participating in Ox School of Construction Resource Center?

Your child's / Applicant's ambitions, goals, future outlook?

Why/ or How did you seek or are seeking an education / career in the Construction Industry?

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

REPORT OF MEDICAL HISTORY

(Submit to Physician or Medical Provider)

Name of Student | Applicant: _____

IMMUNIZATIONS: Please list dates

DPT/DT Polio

MMR

Hep Hep B

Hep A

Varicella Vaccine

Hx Chicken Pox

Meningococcal

Last First Middle Date of Birth (mm/dd/yyyy)

MANDATORY STATE REQUIREMENT PLEASE COMPLETE ALL BLANKS ATTACHMENTS ACCEPTED

*Visual Acuity: OD _____ OS _____ OU _____ *Hearing: AD _____ AS _____ WNL _____ AU _____ Report
of Physical: Height (inches): _____ Weight (lbs): _____ Blood Pressure: _____

Please Check of all that applies: (comment on all positive answers; use a separate sheet if needed) Chicken Pox; If
yes, state age: _____ Measles German Measles _____ Mumps _____ ENT Problems _____ Pulmonary Problems
_____ Neurological Problems _____ Chronic Cough _____ Sinusitis/Hay fever Asthma _____ Tuberculosis _____ Kidney
Disease _____ Cardiac Disease _____ Orthopedic Problems _____ Surgery/Operations _____ Head Injury
_____ Seizures/Epilepsy _____ Conduct disorder _____ IED _____ PTSD _____ Anxiety/Nervousness Panic
disorder _____ Bipolar I, II, nos _____ Depression/Dysthymia _____ ODD _____ OCD _____ Tourettes Syndrome _____

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin
in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Other Unlisted Problems/Conditions: (Explain: attach office notes or use separate sheet)

Are the following systems normal? (Please fully describe any abnormalities.)

1. Head/Ears/Eyes/Nose/Throat _____Yes _____No
2. Respiratory System _____Yes _____No
3. Cardiovascular System _____Yes _____No
4. Gastrointestinal _____Yes _____No
5. Genitourinary/Hernia _____Yes _____No
6. Musculoskeletal _____Yes _____No
7. Metabolic/Endocrine _____Yes _____No
8. Neuropsychiatric _____Yes _____No
9. Dermatological/skin disorder _____Yes _____No

ALLERGIES: _____Yes _____No

10. Penicillin _____Yes _____No
 11. Sulfa Drugs _____Yes _____No
 12. Serum _____Yes _____No
 13. Foods _____Yes (If so Please List) _____No _____
 14. Other: _____
-

Is there impaired function of any organ? (Please list)

Does the applicant have any physical limitations? (Please list)

Is the applicant undergoing or has undergone psychiatric treatment?

(Please list) _____ Is the applicant undergoing or has undergone medical treatment? (Please list) _____ Is the applicant taking medication? (Please list)

Physician's Signature: _____

Date: _____ Physician

Name: _____ Phone: _____

Fax: _____

(please print or stamp)

Address: _____

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

IMMUNIZATION REQUIREMENTS

FOR ALL
FLORIDA PUBLIC AND PRIVATE SCHOOLS

IN ACCORDANCE WITH FLORIDA STATE LAW THE OX SCHOOL OF CONSTRUCTION RESOURCE CENTER REQUIRES THAT EACH STUDENT BE FULLY IMMUNIZED. PROOF OF IMMUNIZATION OR MEDICAL EXEMPTION OR AN EXEMPTION FOR REASON OF CONSCIENCE MUST BE ON FILE FOR EACH STUDENT PRIOR TO ADMISSION.

REQUIRED IMMUNIZATIONS ARE LISTED BELOW:

DPT – TDAP **five** doses, the last one within the last 10 years (Required)

OPV – IPV **four** doses, the last one being on, or after the 4 birthday (Required)

MMR – **two** doses, the first one received after birthday (Required)

HEPATITIS B – **three** doses for students born after September 2, 1988 (Required)

HEPATITIS A - **two** doses for students born after September 2, 1992 (Required)

VARICELLA – **two** doses for anyone who has not had Chickenpox (Required)

MENINGOCOCCAL – **one** dose (Required) a booster 3-5yrs later

IMMUNIZATIONS MUST BE CURRENT BEFORE STUDENTS ARE ALLOWED TO ATTEND CLASSES

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

MEDICAL ADDENDUM

(Parent/Guardian must complete)

Name of Student (or Applicant): Last _____ First _____
Middle _____

1. During the past 12 months (since his last doctor physical) has your son:

- a. been hospitalized? ___ Yes ___ No
- b. had an injury requiring a doctor's visit? ___ Yes ___ No
- c. had an illness lasting more than one week? ___ Yes ___ No

If yes to any of the above questions, please provide date(s) and reason(s): _____

2. Does your son take any medication(s) regularly? ___ Yes ___ No

If yes, please list medication with corresponding diagnosis: _____

3. Is there a reason limits should be put on applicant's participation in sports?

___ Yes ___ No

If yes, please explain reason(s): _____

4. Do you prohibit your child from participation in contact sports such as football and/or boxing? ___ Yes ___ No

If yes, please explain reason(s): _____

_____ **Has your child had a concussion, fracture or been knocked out?**

___ Yes ___ No

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

If yes, please explain reason(s) and date(s) of injury: _____

- 5. Has your child had convulsions, seizures, or been diagnosed with Epilepsy?**
 Yes No

If yes, please explain reason(s) and date(s) of occurrence:

- 6. Is your child currently undergoing or has he undergone psychiatric care?**
 Yes No

If yes, please explain reason and include a letter along with three office notes from the psychiatrist/doctor:

- 7. Is your child missing any organs?** Yes No

If yes, please explain:

- 8. Is your child wearing a dental appliance? (i.e braces, retainer, etc..) Yes No**

- 9. Has your child been treated for a back or neck injury?** Yes No

If yes, please explain reason(s) and date(s) injury:

- 10. Is your child allergic to any medication(s)? Yes No**

If yes, please list medication(s) with allergic reaction symptom(s):

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

11. Does your son have any condition or undergoing medical treatment not otherwise indicated? Yes No

If yes, please explain: _____

12. My child received a TB skin test on _____ (date) result was negative on _____ (date).

The primary purpose of a TB screening is to maintain a healthy and safe campus environment and to reduce the direct and indirect costs

13. (Enrolled Student) Has your son received immunizations not otherwise indicated or recorded by the OSOCRC Medical Dept? Please provide an updated copy if your answer is yes

Yes No

This form is also required annually (for an enrolled Student) and must be received by the OSOCRC Medical Department prior to participation in any sport, intramural activity, practice, or game either on or off-season. The questions are designed to supplement the OSOCRC Report of Medical History (doctor physical) that is required for initial enrollment. If changes occurred in your Cadet's health making it hazardous for him to participate, please note the changes. All "YES" responses not previously addressed on the Report of Medical History form require an updated doctor physical. All changes to your Cadet's health must be reported to the Medical Department to ensure no further injury occurs and that treatment is either started or completed as prescribed. I certify all information contained above is true, complete and correct.

Date: _____

Parent/Guardian Signature _____

Authorization: _____

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

CONSENT & INSURANCE FORM

Name of Student (Applicant):

Please Print Last First Middle

Date of Birth: _____

SSN: _____ Address: _____

_____ Phone(s): _____

Home Parent/Guardian(s) Business

Name of Parent/Guardian: _____

SSN: _____ DOB: ___/___/___

Employer: _____

Name of Father's Insurance

Company: _____

Address: _____

Insurance Phone: _____ Policy Number(s): _____

_____ Deductible Amount: _____

_____ Certificate Number(s): _____

Type of Policy: () Group () Individual

Is your Student covered under any of the above named policies? ____ Yes ____ No

If "yes" please indicate which plan(s):

Is your Student covered under any other health insurance policy? ____ Yes ____ No

If "yes" please provide insurance company's name and address:

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Policy Number(s): _____

Provide a copy of the front and back of each insurance card(s).

Important Note: Upon notification from OSOCRC Medical Department that your son requires services from a specific medical provider, it is your responsibility to contact that provider to make financial arrangements for payment. Should medical services be required and you currently do not have an insurance provider, you must contact the *pharmacy with your credit card number. The same applies to any medical provider your son may require assistance from.

This authorization applies to the Cadet/Camper (Applicant) named above:

I, as () parent, () guardian, () managing conservator, have authorized to consent to medical treatment of the foregoing minor. I hereby consent to routine medical treatment (including, but not limited to, minor illness or injury) by contracted physicians of the Ox School of Construction Resource Center or other physicians and/or other medical professionals selected by the OSOCRC and duly authorized officials of the OSOCRC. I also hereby give Ox School of Construction Resource Center and its authorized officials' authority to consent to emergency medical, surgical, or dental treatment, understanding that attempts to contact me have failed. Should injury occur to my son/ward during his attendance at the Ox School of Construction Resource, I hereby authorize any and all hospitals, physicians or other medical providers to furnish a detailed statement of charges to the Ox School of Construction Resource Center in order that they may process any applicable student accident insurance claims. The Ox School of Construction Resource Center, to whom I give this authority, is related to said minor as an educational institution in which he is enrolled as a student/camper and not financially responsible.

I certify that the insurance information shown here, to the best of my knowledge, is true, complete, and correct. A photocopy of this authorization shall be as valid as the original.

_____ Date _____

Signature of Parent / Guardian / Managing Director

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

MEDICAL PROVIDERS AND PHARMACY

In the event your Cadet/Camper needs to be examined or treated medically, Ox School of Construction Resource Center (OSOCRC) will provide transportation to and from the office of the physician or dentist. Prescribed medicine may be mailed to the OSOCRC Medical Department or may be procured from the local pharmacy listed below. (No paper prescriptions)

Except for emergency care or other circumstances where time does not permit, it is your responsibility to contact the medical provider or pharmacy, in advance, to make financial arrangements for payment. OSOCRC does not act as an intermediary for payment. Medical expenses and prescription charges cannot be charged to your OSOCRC account. If you anticipate recurring prescription medicine charges, please provide credit card charging authority to the pharmacy listed below.

**OSOCRC has a prescription delivery/pick up relationship with the following pharmacy:
PHARMACY**

Walgreens Pharmacy (888) 296-0084

- Please contact the OSOCRC Medical Department (888) 296-0084 to make other pharmacy arrangements.

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

CONFIDENTIAL SCHOOL REPORT

(Submit to School of Current Enrollment)

NAME OF STUDENT: _____ CURRENT GRADE LEVEL:

To the Principal or Counselor:

Our purpose at Ox School of Construction Resource Center is to inspire positive academic, physical and moral growth in every cadet. To achieve this, we provide a disciplined, distraction-free setting that allows a student to focus on their educational and personal development. The proven educational model at OSOCRC helps young men earn higher grades, develop exceptional character and maturity, and plan their short and long-term goals for the future. Throughout this journey, cadets learn to take ownership of their lives and develop the tools they need to succeed not only in college, but in life.

1. Is your school accredited? Yes
 No
2. Is the student eligible to re-enter your school next term? Yes
 No

For questions 3-14 please explain all "yes" answers thoroughly

(continue on back if needed or a separate sheet of paper)

3. Is the student currently in a Special Education Program? Yes
 No If yes, please state why, list modifications, and attach IEP or ARD, 504, BIP.....
.....
4. Has the student been involved in acts of dishonesty? Yes
 No If yes please explain:.....
.....
5. Has the student been involved in substance abuse? Yes
 No If yes please explain:.....
.....
6. Has the student participated in or stimulated disorderly, disruptive or unmannerly
conduct? Yes No

If yes please explain:.....
.....

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

7. Has the student exhibited unsatisfactory adjustments to other students? Yes
 No If yes please explain:.....

.....

8. Has the student had physical health problems? Yes
 No

If yes please explain:.....
.....

9. Has the student had emotional health problems? Yes
 No If yes please explain:.....

.....

10. Has the student been disciplined by administrative officers or student judiciary?
..... Yes No

If yes please explain:.....
.....

11. Has the student been suspended?
..... Yes No If yes please
explain:.....

.....

12. Has the student been expelled?
..... Yes No

If yes please explain:.....
.....

13. Has this student exhibited any behavior that would indicate a (probability) (possibility)
(danger) that he (will) (could) (might) abuse or assault a fellow
student?..... Yes No If yes please
explain:.....

.....

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

14. Has this student made any statements or threats that would indicate a risk of harm toward others?..... Yes
 No

If yes please explain:.....
.....

Please use the space below to give us your candid opinion of this applicant as a student and citizen. We wish to know about his work habits, motivation, sense of honor, responsibility, sense of humor, areas of strength and areas of weakness. We are particularly interested in your estimate of his potential. If there are any reasons why you would NOT recommend this student as a student, please share those thoughts with us as well. Thank you.

(Attachments are acceptable.)

Name of School:.....
Address:..... Printed
Name:..... Title:
Signature:..... Date:
Email:.....

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

ENGLISH TEACHER EVALUATION

NAME OF APPLICANT: _____

CURRENT GRADE LEVEL: _____

Please indicate the appropriate rating: LIMITED, FAIR, AVERAGE, GOOD or OUTSTANDING for the following:

_____ Academic Potential
_____ Academic Achievement
_____ Ability to Express Ideas Orally
_____ Attention Span
_____ Maturity in Terms of Age/Grade
_____ Social Adjustments with Peers
_____ Leadership Potential
_____ Classroom Conduct Self-confidence
_____ Fulfills Responsibilities
_____ Cooperation with Adults
_____ Cooperation with Parents
_____ Parent Cooperation with School

Please give your candid opinion of this applicant as a student and citizen. We wish to know about his work habits, motivation, sense of honor, responsibility, sense of humor, areas of strength and areas of weakness. We are particularly interested in your estimate of his potential. If there are any reasons why you would NOT recommend this applicant as a student, please share those thoughts as well. Thank you. (For more space, please use the back of this sheet.)

Name of School:..... Phone:.....

Schools Address: Date:

Teacher Name (printed):..... Signature: Email : .

..... Fax:

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

MATH TEACHER EVALUATION

NAME OF APPLICANT: _____

CURRENT GRADE LEVEL: _____

Please indicate the appropriate rating: LIMITED, FAIR, AVERAGE, GOOD or OUTSTANDING for the following:

_____ Academic Potential
_____ Academic Achievement
_____ Ability to Express Ideas Orally
_____ Attention Span
_____ Maturity in Terms of Age/Grade
_____ Social Adjustments with Peers
_____ Leadership Potential
_____ Classroom Conduct Self-confidence
_____ Fulfills Responsibilities
_____ Cooperation with Adults
_____ Cooperation with Parents
_____ Parent Cooperation with School

Please give your candid opinion of this applicant as a student and citizen. We wish to know about his work habits, motivation, sense of honor, responsibility, sense of humor, areas of strength and areas of weakness. We are particularly interested in your estimate of his potential. If there are any reasons why you would NOT recommend this applicant as a student, please share those thoughts as well. Thank you. (For more space, please use the back of this sheet.)

Name of School:..... Phone:.....

Schools Address: Date:

Teacher Name (printed):..... Signature:

Email : .

..... Fax:

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.

Last Update 10/12/2019

Ox School of Construction Resource Center

ADMISSIONS OFFICE
1100 W. Colonial Drive / Orlando, Florida 32804 TEL: (888) 296-0084 FAX: (407) 708-1080
E-mail: info@osocrc.org

TRANSCRIPT REQUEST FORM

(Submit to School of Current Enrollment)

NAME OF STUDENT (Applicant): _____

Date: _____

To (School of Current Enrollment): _____

From (Parent/Guardian): _____

I authorize the Ox School of Construction Resource Center to receive full records for my son/ward. Please forward official transcripts and complete records reflecting subjects, grades, credits, standardized testing, special education records and disciplinary records to the Ox School of Construction Resource Center at the address above.

To determine correct grade level placement and proper scheduling, I authorize the Ox School of Construction Resource Center to have the following information:

- Complete transcript of record including current grading scale and explanation of grading codes.
- Applicant's most recent report card for semester work in progress. Upon completion of semester work in progress please forward final transcripts to the Ox School of Construction Resource Center Admissions Office.
- Results of standardized tests (include test names and dates administered as well as any special education records, tests, evaluations, ARD's or IEP's, to include most recent IQ testing result and most recent psychological evaluation)
- Applicant's current grade level: _____
- Number of credit hours completed to date: _____ Number Attempted _____
- Current GPA: _____

Thank you for your assistance.

X _____

Signature of Parent/Guardian

Ox School of Construction Resource Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs or other administered programs.