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.

Last Update 10/12/2019

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.

Last Update 10/12/2019

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/Endrocrine ____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?

(Pleas 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 PULBIC 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

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**

Last Update 10/12/2019

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): _____

    _____

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

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.

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.

Last Update 10/12/2019

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:.....
    .....

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

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: .....

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: .....

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.

Last Update 10/12/2019