

ORION INTERNATIONAL ACADEMY

APPLICATION FOR ADMISSION

APPLICATION PROCESS

- ☐ Completed Application with fee
(Non-refundable)
- ☐ Transcripts (Please include grades for the past two years.)
- ☐ Standardized Test Scores
- ☐ Copy of Birth Certificate and/or Passport
- ☐ Copy of Immunization Record
- ☐ Mathematics Teacher Recommendation
- ☐ English Teacher Recommendation

OFFICE OF ADMISSIONS

11255 Central Ave. Ontario, Ca
91762

T 909.999.0025 Main

www.orionschools.org

REV 06/12/25 10:12 AM

Last Name: _____ First Name: _____ Student I.D.: _____ Application Year: _____

ORION INTERNATIONAL ACADEMY

Application for Admission

We are delighted with your interest in Orion International Academy and look forward to welcoming your family to our community. Consideration is given to students who will pursue academic study with dedication and responsibility as well as contribute to our campus community. Your application will be processed through the Office of Admissions. Any questions related to the application process may be directed to the Director of Admissions, as I will be happy to assist.

Thank you again for your interest in applying for admission to Orion International Academy. We look forward to welcoming you to the OIA community.

The suitability of any applicant for enrollment is at the sole discretion of Orion Schools, an Independent Private School. All such decisions are final. Applicants who are not accepted for enrollment may reapply the following school year.

APPLICATION FEE

Enclosed with this application is a one-time new student application fee of \$150.00 which will be used to process my child's records. I understand that this fee is non-refundable. *Payor to incur all transaction fees.

<input type="checkbox"/> DiscoverCard	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express	<input type="checkbox"/> Check (Check # _____)
Card #	<input type="text"/>	Security Code	<input type="text"/>	Exp. Date ____/____
Print Name on Card	_____			Total Amount \$ _____

STUDENT INFORMATION ENTERING GRADE _____ FOR ACADEMIC YEAR _____

Student's Full Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth ____/____/____	Student's Age _____	Current Grade _____
Home Address _____	Apt. # _____	
City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	E-mail _____
Academic strengths: _____		
Academic weaknesses: _____		
Has the applicant ever been evaluated for the following? (If yes, explain on a separate sheet of paper and provide professional reports.)		
Learning Differences	<input type="checkbox"/> No <input type="checkbox"/> Yes	Behavioral Problems <input type="checkbox"/> No <input type="checkbox"/> Yes
Psychiatric/Psychosocial Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Visual Problems <input type="checkbox"/> No <input type="checkbox"/> Yes
Hearing Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	I.Q. <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the applicant take any prescribed medication or need any special medical attention? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)		
Condition _____	Medication _____	
Condition _____	Medication _____	

Have there been any situations in the student’s life that the school should know about in order to meet his/her learning or developmental needs? (i.e.: frequent moves, frequent changes of school, death in the family, divorce, etc.)

Has the student ever been subject to major disciplinary action (suspension or dismissal) in any school? ☐ No ☐ Yes
If yes, explain on a separate sheet of paper.

What is the primary language spoken at home _____

Check all activites the student would be interested in:

- ☐ Football
- ☐ Basketball
- ☐ Soccer
- ☐ Baseball
- ☐ Golf
- ☐ Cross Country/
Track & Field
- ☐ Coding/Robotics
- ☐ Aviation
- ☐ Speech & Debate
- ☐ Creative Arts
- ☐ Performing Arts
- ☐ Yearbook
- ☐ School Newspaper
- ☐ Student Government (ASB)

PARENTS / GUARDIANS

Student lives at the address above with:

- ☐ Father
- ☐ Mother
- ☐ Stepfather
- ☐ Stepmother
- ☐ Other (note) _____

The applicant’s parent(s) are:

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Single

Father/Guardian Name

- ☐ Mr.
- ☐ Mrs.
- ☐ Ms.
- ☐ Dr.

Cell Phone _____

Primary Email (Required) _____

- ☐ Check if home address is same as student’s address

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Father/Guardian Employer

Title _____

Business Address _____

City _____ State _____ Zip _____

Work Phone _____

Work Email _____

Mother/Guardian Name

- ☐ Mr.
- ☐ Mrs.
- ☐ Ms.
- ☐ Dr.

Cell Phone _____

Primary Email (Required) _____

- ☐ Check if home address is same as student’s address

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother/Guardian Employer

Title _____

Business Address _____

City _____ State _____ Zip _____

Work Phone _____

Work Email _____

Please Return by Mail or Fax :

Orion International Academy Office of Admissions

11255 Central Ave. Ontario, CA 91762

Tel 909.999.0025 Fax 626.400.1234

BILLING INFORMATION

Relationship to applicant: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other (note) _____

☐ Check if billing address is same as student's address

Mr./Mrs./Ms./Dr. _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

EDUCATIONAL HISTORY

Has this student applied for admission at Orion schools previously? Campus: _____ Grade: _____ Year: _____

Has this student been enrolled at any Fairmont school previously? Campus: _____ Grade: _____ Year: _____

Current School _____ City, State _____

Date Entered _____ No. of years attended _____ Current Grade _____

Other schools attended _____ Dates Attended _____

Why are you thinking of leaving your present school? _____

PARENT QUESTIONNAIRE

How did you learn about Orion Private Schools?
(Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Referred by friend/family | <input type="checkbox"/> Magazine ad |
| _____ | <input type="checkbox"/> Newspaper ad |
| Whom may we thank? | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Social Media (Facebook, etc) | <input type="checkbox"/> Community event |
| <input type="checkbox"/> Online search (Google, etc) | <input type="checkbox"/> Read article about |
| <input type="checkbox"/> Online ad | <input type="checkbox"/> Campus signage |

Please rank the following factors in your school selection process according to importance: (1=most important; 10=least important)

- | | |
|------------------------------------|--|
| _____ Convenient location | _____ Quality of teachers |
| _____ Character education | _____ Non-sectarian program |
| _____ Graduate college acceptances | _____ Safe, secure campus |
| _____ Individualized instruction | _____ Sports, arts and extracurricular offerings |
| _____ Quality of facilities | _____ Strong Academics |

PARENT AGREEMENT

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school. I further understand acceptance is based on approval of credit and that I may be subject to a credit check by Orion Schools.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: ____/____/____

OFFICE USE ONLY:

App. Received Date ____/____/____ Grade ____ Needs Testing (Y)____ (N)____ Date Tested _____

Date of Enrollment ____/____/____ Accepted By _____

Data Entry (Adm.) _____ Copy to B.O. _____ Data Entry (B.O.) _____ Other _____

URGENT - ENROLLMENT PENDING

To be completed by a School Teacher

Please return by Fax or Mail. (All forms must be turned in before an interview will be scheduled.)

Note: Prospective students should not have an adult friend complete this form.

Student Name: _____ Grade Entering: _____

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. Please return this form to the appropriate campus listed above as soon as possible.

How long have you been associated with this student? _____

Has the student had any disciplinary problems in your class? ☐ Yes ☐ No

If yes, please explain: _____

Cooperation from parents with school policies and personnel:

- ☐ Active and constructive
- ☐ Cooperative when called upon
- ☐ Argumentative, critical, but cooperative
- ☐ Non-cooperative
- ☐ Not known

Does the student have any abnormal health problems? ☐ Yes ☐ No If Yes, please explain: _____

Special talents, gifts or abilities that will make this student an asset: _____

STUDENT RATING

(Please Circle:)

Attendance:	Excellent	Good	Average	Below Average
Cooperation:	Excellent	Good	Average	Below Average
General Conduct:	Excellent	Good	Average	Below Average
Initiative:	Excellent	Good	Average	Below Average
Leadership:	Excellent	Good	Average	Below Average
Punctuality:	Excellent	Good	Average	Below Average
Sense of Responsibility:	Excellent	Good	Average	Below Average
Work and Study Habits:	Excellent	Good	Average	Below Average

RELATIONSHIP OF STUDENT TO PARENTS

☐ Excellent ☐ Very few problems ☐ Some problems ☐ Many problems ☐ Serious problems ☐ Not known

HABITS

☐ Use of tobacco ☐ Use of narcotics/drugs ☐ Drinking ☐ Language ☐ Disruptive behavior ☐ Fighting

Do you recommend this applicant for admission to Orion International Academy? (Please check)

☐ Most highly ☐ With confidence ☐ As acceptable ☐ Not recommended

Comments: _____

Signature

Print Name

Title

School

Date

Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.