2018-2019 E-Flex Enrollment Form

ORION EDUCATION & TRAINING DIPLOMA COMPLETION

NE Wichita (316) 733 – 5561 Rose Hill (316) 776-2000

E-FLEX FLEXIBLE CREDIT COMPLETION

Have you been enrolled in Orion (Project Encore) before? ____YES ____NO. If yes, when?_____
Which program? _____

While attending school, did you ever have an IEP? _____ YES _____NO

Mark the session you are enrolling: *Fall 2018*_____ *Spring 2019*_____ *Summer School 2019*_____

FULL NAME_____ TODAY'S DATE ____/____/____
First M. Initial Last ***Month/Day/Year***

ADDRESS_____ SEX _____F_____M
Street Number/Apt. Number Street Name City State Zip Code

HOME PHONE (____)_____ -_____ CELL PHONE (_____)_____-_____ WORK PHONE(____)____-_____

LAST 4 DIGITS OF SOCIAL SECURITY# _____ BIRTH DATE _____/_____/_____ AGE _____

STUDENT E-MAIL ADDRESS _____ GRADE LEVEL_____

ALTERNATE CONTACT PERSON _____ RELATIONSHIP_____ PHONE # (____) ____-_____

PARENT / LEGAL GUARDIAN (S) _____

PARENT/GUARDIAN HOME PHONE (_____)_____-_____ WORK (_____)_____-_____ CELL(____)_____-_____

PARENT E-MAIL ADDRESS _____

COUNSELOR'S SECTION: District Bill_____ Student Pays_____

Mark the program your student is enrolling: Summer School_____ After School_____ At sponsoring school_____
(During School hours by approval)

The following student, _____, is approved to enroll in Orion Diploma Completion.

1._____ 2._____ 3._____ 4._____

5._____ 6._____ 7._____ 8._____

I have reviewed the EFLEX information with the student and parent/guardian. ***I agree to accept credit from Orion Diploma Completion for the above classes.***

*Counselor/Principal Signature*_____*High School*_____*Date*____/____/_____

STUDENT/PARENT SECTION:

*I,*_____ *have read the information attached, agree to abide by the policies of Orion Diploma Completion and follow the directions of the staff. I recognize that course grades are based on proficiency.*

PAYMENT AGREEMENT FOR SUMMER SCHOOL AND AFTER SCHOOL STUDENTS

I further agree to pay $175 for each semester course ***prior*** *to beginning each course. I recognize that the $175 fee is* ***non-refundable****. Payment should be made at oriondiplomacompletion.org using our secure webstore.*

*Student Signature*_____*Printed Name*_____*Date* ____/____/_____

Parent /Gurardian _____*Printed Name*_____ *Date*____/____/_____

OFFICE USE ONLY

ENROLLMENT DATE_____/_____/_____ PAYMENT_____ Order ID#_____ RECEIPT #_____
BILL DISTRICT _____ 1ST SEMESTER CHARGE $ _____ DATE _____/_____/_____
2ND SEMESTER CHARGE $ _____ DATE _____/_____/_____