



OKLAHOMA SCHOOL

OF
INNOVATION AND EXPERIENTIAL LEARNING

Application Information

Applicant's Full Name: _____
First Middle Last

Address: _____
Number/Street City Zip

Phone: _____ Date of Birth _____ Male / Female

Parent Name: _____
First Middle Last (Relationship)

Address: _____
Number/Street City Zip

Phone: _____ Email: _____

Parent Name: _____
First Middle Last (Relationship)

Address: _____
Number/Street City Zip

Phone: _____ Email: _____

Is financial assistance needed? Yes No Amount needed: \$ _____

Current School: _____

Phone Number: _____ Principal's Name: _____

1.) Teacher's Name: _____ Email: _____

2.) Teacher's Name: _____ Email: _____

3.) Teacher's Name: _____ Email: _____

4.) Teacher's Name: _____ Email: _____

Discuss the strengths of your child.

Why do you want your child to attend OSIEL?

"The Oklahoma School of Innovation & Experiential Learning admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs."