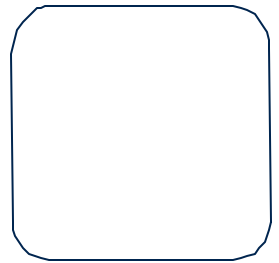




# APPLICATION FOR ADMISSION



School Year:

Date:

Student #:

Family #:

## APPLICANT INFORMATION

Full Name		Age:		Years	Months
Male	Female	Date of Birth mm/dd/yy		Place of Birth	
Nationality		Native Language		Second Language	
Religion		Applicant lives with:		Both Parents	Mother Father Other:
Last/Current Grade		Recent Academic Average		Cause of Change	
Previous/Present School				City/State/Country	
Grade applying for:					

## PARENTS INFORMATION

### FATHER

Is father CI alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No		Age
from 19 to 19		
Full Name		Nationality
Marital Status		Religion
Address: Street & #		Area
City	State	Zip Code
Home Phone #1	Cellular Phone	E-mail

### MOTHER

Is mother CI alumna? <input type="checkbox"/> Yes <input type="checkbox"/> No		Age
from to		
Full Name		Nationality
Marital Status		Religion
Address: Street & #		Area
City	State	Zip Code
Home Phone #1	Cellular Phone	E-mail

### EDUCATION (School attended)

Grade School (1-6)	College
Jr. High (7-9)	Degree
High School (10 -12)	Language(s) Spoken

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Grade School (1-6)	College
Jr. High (7-9)	Degree
High School (10 -12)	Language(s) Spoken

### WORK INFORMATION

Company	Position at Company
Address: Street & #	Area
City & State	Zip Code
Work Phone #1	E-mail Address

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Address: Street & #	Area
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## MEMBERSHIP ASSOCIATIONS

Name of Association	Type of Relationship (Social, Religion, Cultural, Sports, Scientific, Political, etc.)

## SIBLINGS

	Name	Birthdate mm/dd/yy	School Attending	Grade
1.				
2.				
3.				
4.				
5.				

Are any of the parent's brothers or sisters CI alumni?

Name (s):

Are any of the applicant's first cousins students or alumni at CI?

Name (s):

## REFERENCES (Attending Colegio Inglés)

	Name	Phone
Relatives		
Friends		

Reasons why you would like your child to enroll in the school.

**NOTE:** Please set an appointment at the School Information Office to return this application form duly filled together with the following:

Recent photograph

Copy of birth certificate

Copy of the current and past report cards

## PARENT QUESTIONNAIRE

1. What do you consider to be your child's greatest strengths and weaknesses?

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2. Describe your child's personality and interaction in social situations.

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3. Does the child have special needs or has the child received support for any of the following? Please check all that apply.

- a. Special gifts or talents \_\_\_\_\_
- b. Speech difficulties \_\_\_\_\_
- c. Hearing difficulties \_\_\_\_\_
- d. Physical limitations \_\_\_\_\_
- e. Other, please specify \_\_\_\_\_

4. Has the child skipped a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ Has the child repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

5. Has your child been suspended, expelled, or dismissed or otherwise subject to any disciplinary action from any school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

**NOTE:** Please attach complete and accurate information for each question answered yes or for each item checked above.

## APPLICANT QUESTIONNAIRE

( 4th – 9th grade students only)

1. What do you consider to be your most important strengths, talents and abilities?

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2. What is your favorite subject(s) ?

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3. What subject(s) is most difficult for you?

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4. Do you have any hobbies or special interests?

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**I certify that the information submitted is complete and accurate.**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Student's Signature

## EVALUATION PROCESS

(To be completed by the school)

Admission Exam Date	Comments
DSS Report Date	
Director - Parents Meeting Date: _____ Time: _____	
Results Given by	
Family No <input type="checkbox"/> Yes <input type="checkbox"/>	
Family Applying for	N KI KII PP 1 2 3 4 5 6 7 8 9

## EVALUATION RESULTS

(To be completed by the school)

The following recommendation is mandatory for the student in order to be accepted:

- |  |  |
|--|--|
| <input type="checkbox"/> Speech Therapy  | <input type="checkbox"/> Aprende a Pensar I  |
| <input type="checkbox"/> Special English | <input type="checkbox"/> Aprende a Pensar II |
| <input type="checkbox"/> Special Spanish | <input type="checkbox"/> Tutoring            |

Comments:

Grade accepted for: \_\_\_\_\_

Authorized by: \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

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