

Student Name: _____ Date of Birth: _____ Applying for: _____ Grade _____ Phones: _____, _____	Date: _____ Initials: _____ Points: _____ / _____
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ADMISSION APPLICATION

LIST OF DOCUMENTS FOR APPLICATION AND ADMISSION TESTS
<input type="checkbox"/> Admission Application Form
<input type="checkbox"/> Verification Form of Birth Certificate and Social Security Number (Originals; must be turned in person)
<input type="checkbox"/> P-VAC3 (Original & copy, Green or cream colored document; must be turned in person)
<input type="checkbox"/> 2 Photos (2"x2" format recent headshot of the student, without make up, costumes or any other person in the picture)
<input type="checkbox"/> Official Transcript from school of origin / Academic Progress Report (Head Start Students must bring copy of the Register Infant Progress and Planning Form; Students applying to grades 3 to 6 must provide a copy of PPAA Scores)
<input type="checkbox"/> Academic Grade Progress (Must be of approved classes; if and when the student is admitted, the remainder of the progress report must be provided)
<input type="checkbox"/> Consent for Admission Application Form (From the student's parent and/or legal tutor; must be turned in person or scanned and emailed with signatures)
<input type="checkbox"/> Return evidence (From the United States or other country)
<input type="checkbox"/> Evidence of student's need of special aid or accommodations during Admission Test (According to Congressional Act 117 – "No Child Left Behind Law", you must provide evidence of the student's needs for special consideration or accommodation at the time of the administration of the admission test)
<input type="checkbox"/> Two (2) envelopes (Letter size, with stamps; must be turned in person)

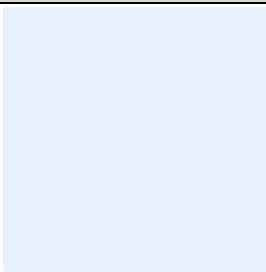
OBSERVATIONS				
A- <input type="checkbox"/> Day Care	<input type="checkbox"/> Head Start			
B- <input type="checkbox"/> Pre Kinder	<input type="checkbox"/> Kinder	School Name	Town	
<input type="checkbox"/> Others				
NOTE: YOU MUST COMPLETE PARTS A & B		School Name	Town	
Test Notification:	Date	Initials	Date of the test	Hour

Documents returned to: _____ ID# _____
Reason: _____
Delivered by: _____ Delivered to: _____
NOTE: FOR THE USE OF AUTHORIZED PERSONELL ONLY





STUDENT'S PERSONAL INFORMATION

Student Name:	
Date of Birth:	
Place of Birth:	
Grade applying to:	
Return Date and Place:	
First Language:	
Special conditions:	
Previous Schools	
Head Start:	2"x2" recent headshot of the student
Address:	
Pre Kinder:	
Address:	
Kinder:	
Address:	
Last School Attended:	
School Phone:	Fax:
School Postal Address:	
Contact Information	
Applicant's Residential Address:	
Applicant's Postal Address:	
Father's Name:	
Work Place:	Email:
Home Phone:	Work Phone:
Cell Phone:	Other Phone:
Occupation:	School Level:
Mother's Name:	
Work Place:	Email:
Home Phone:	Work Phone:
Cell Phone:	Other Phone:
Occupation:	School Level:
With whom is the student living? <input type="checkbox"/> Father & Mother <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	

OTHER PHONE NUMBERS IN CASE OF EMERGENCY

Phone Number	Contact Name	Relation to student	Email

NOTE: BE SURE TO HAVE COMPLETED ALL PARTS OF THIS FORM

SIGNATURE

Name	Initials