

HSBACADEMY NOSARA | APPLICATION FOR ADMISSION

Student Name: _____

Date of Birth: _____ Gender: ___ Male ___ Female
(Month) (Day) (Year)

Nationality: _____ Student's Passport/Cedula #: _____

Birth Place: _____ Home Language(s): _____

Other Languages Spoken: _____

Proposed Date of Enrollment: _____ Date of Arrival: _____ Proposed Grade Level: _____

Expected length of stay in Costa Rica: _____

Brothers and Sisters of Applicant:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Does your child receive any special services? (Please Check)

Special Education/Learning Disability _____

Area of Disability _____

Speech _____

Gifted/Talented _____

Remedial Reading (Title I) _____

Remedial Math (Title I) _____

Social Worker _____

Other (please provide details) _____

CHILD'S HEALTH INFORMATION

Does your child have any health problems? _____ If yes please explain _____

Does your child take any medication(s)? _____ If yes, please list medication(s) _____

Does he or she take this medication during school hours? _____

If yes, explain _____

Are there any school activities in which your child cannot participate? _____

If yes, explain _____

Is there any other information that would be helpful to school personnel in meeting your child's needs?

PARENT INFORMATION

Father's Name: _____

Mother's Maiden Name: _____

Nationality: _____

Nationality: _____

Permanent Address: _____

Permanent Address: _____

Home Address in Costa Rica (if different from above):

Home address in Costa Rica (if different from above):

CONTACT DETAILS | Please complete all fields. Note with an asterisk (*) your preferred method of contact

E-mail Address: _____

E-mail Address: _____

Home Phone: _____

Home Phone: _____

Cellular Phone: _____

Cellular Phone: _____

Business Phone: _____

Business Phone: _____

If applicant will not be residing with parents, indicate with whom applicant will live:

Name(s): _____

Relationship to applicant: _____

Address: _____

Phone: _____

PREVIOUS SCHOOL(S)

From (mo yr)	To (mo yr)	School's name and address	Phone Number	Grades
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION (persons to contact if parents cannot be reached)

Name _____ Home _____ - _____ Work _____ - _____ Cell _____ - _____

Relationship to Child _____

Name _____ Home _____ - _____ Work _____ - _____ Cell _____ - _____

Relationship to Child _____

Name _____ Home _____ - _____ Work _____ - _____ Cell _____ - _____

Relationship to Child _____

Send tuition bill via: Email By Hand

Tuition will be paid by: _____

I understand that completion of this application form does not guarantee or hold a position for my child. I also understand that any omission of records or information considered essential to a thorough entrance evaluation will result in termination of the admission process and cancellation of this application.

Name: _____ Signature: _____ Date: _____

Director's Approval: _____ Date: _____