



## ADMISSIONS FORM

For Academic Year \_\_\_\_\_

Grade Applied \_\_\_\_\_

### A. Student Information

Last Name and Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ (month/day/year) Place of Birth \_\_\_\_\_ (city-country)

Citizenship \_\_\_\_\_ Visa Type \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Phone(s) \_\_\_\_\_ Cellphone \_\_\_\_\_

Name of brothers and sisters at IAA \_\_\_\_\_

### B. Family Information

If not with the parents, with whom does the student make his or her permanent home?

\_\_\_\_\_ (relationship)

**Name of Father or Legal Guardian (please circle one)**

\_\_\_\_\_

Place of Birth \_\_\_\_\_ (city-country) Citizenship \_\_\_\_\_

ID or Passport \_\_\_\_\_ First Language \_\_\_\_\_

Cellphone \_\_\_\_\_

E-mail \_\_\_\_\_



Occupation \_\_\_\_\_

Job E-mail \_\_\_\_\_

Business:     Local Company                       Multinational  
                  US Consulate                       Business Owner  
                  Other: \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**Name of Mother or Legal Guardian (please circle one)**

\_\_\_\_\_

Place of Birth \_\_\_\_\_ (city-country)      Citizenship \_\_\_\_\_

ID or Passport \_\_\_\_\_                      First Language \_\_\_\_\_

Cellphone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Job E-mail \_\_\_\_\_

Business:     Local Company                       Multinational  
                  US Consulate                       Business Owner  
                  Other: \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_



**How does your child normally come and go home from school?**

\_\_\_\_\_

**Please provide information on two relatives/friends that can be contacted in case of an emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cellphone \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**C. Educational Data**

Full Name \_\_\_\_\_ Age at first enrollment \_\_\_\_\_

Total number of schools attended \_\_\_\_\_

Has student ever repeated a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Reason for repeating \_\_\_\_\_

\_\_\_\_\_

Last day of attendance in last school \_\_\_\_\_ Grade Completed/Attended \_\_\_\_\_



Please list the last three schools attended (most recent first):

School's Name	City – Country	Years	Grades

Has your child been assessed and/or did he/she receive support in the areas listed below? If your answer is yes, please, include official copies in English of results and reports of these assessments. Please, circle each area.

Area	Assesed	Received support	Completed therapy
Speech and Language	Yes / No	Yes / No	Yes / No
ADD / ADHD	Yes / No	Yes / No	Yes / No
Learning disability	Yes / No	Yes / No	Yes / No
Reading difficulties	Yes / No	Yes / No	Yes / No
Emotional / Behavioral	Yes / No	Yes / No	Yes / No
Outstanding student	Yes / No	Yes / No	Yes / No

Are there any factors that IAA should be aware of in order to provide the best educational program for your child?

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Non-English Speaker       Non-Spanish Speaker      Speaks other languages: \_\_\_\_\_

Did he/she study Spanish in addition to school subjects?     Yes       No



For how long? \_\_\_\_\_ Grades \_\_\_\_\_ Level \_\_\_\_\_

How many years of English language instruction has your child had?

\_\_\_ Private tutor    \_\_\_ School    \_\_\_ at home    \_\_\_ None

Please rate your child's English language ability

\_\_\_ Weak    \_\_\_ Adequate    \_\_\_ Strong

Has your child received ESL (English as a Second language) instruction at school? \_\_\_ Yes    \_\_\_ No

If yes, how many years has she/he been in an ESL program? \_\_\_\_\_

**Please complete this section:**

I \_\_\_\_\_ understand which are the InterAmerican Academy's fees for the school year and commit myself to carry out the corresponding payments within the established dates. My signature below indicates my acceptance of the financial commitment with the InterAmerican Academy when registering my son/daughter.

\_\_\_\_\_  
Signature of Parent of Legal Guardian

\_\_\_\_\_  
Date