



ESCUELA CAMPO ALEGRE

Application for Student Admission



Application date _____

Anticipated date of entry _____

Applying for grade (circle one):

Nursery Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Family Name First or Given Name Middle Name Sex (M/F)

_____/_____/_____
Day Month Year Place of birth Nationality Other Nationality
Date of Birth (Please write out month - Do not use a number for month)

Permanent residents of Venezuela (circle one): Yes/No

How long do you estimate the student will be enrolled at ECA? : _____ years.

Student's *cedula de identidad* or passport number and country of issue

Family Information:

Student lives with: (please check): Both parents Mother Father Other: _____

	Mother	Father
Full Name		
Nationality		
Primary language		
Local address/ or temporary address during school year		
Local phone		
Mobile phone		
E-Mail		
Employer		
Occupation/Position		
Local Business Address		
Office Phone		
Office Fax		
Company Contact		
Contact's email		
Company President/ General Manager		

Siblings Applying for Admission:

Applying for grade _____

Family Name _____

Given Name _____

Student's Educational Background:

Name of School _____

City/Country _____

Language of Instruction _____

Type of Curriculum _____

1. Has the student previously submitted an application or attended ECA? Yes/No
2. Has the student ever received any special academic, social or emotional support (i.e. speech, learning, counseling) and/or psycho-educational testing? Yes/No
If yes, please detail the type of support received: (please attach relevant reports and test results)

3. Has the student ever been enrolled in English Language Learners program? Yes/No
If yes, what year(s) _____
4. Has the student ever repeated a grade level or skipped a grade? Yes/No
5. Has this student ever been denied admission to a school? Yes/No
If yes, please explain: _____

What is your child's primary language? _____

Other Languages? _____

Please comment on your child's ability to read, write and speak English:

Please comment on parent's ability to communicate in English (please check):

	Fluent	Intermediate	Beginner	No English
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly comment on any other information you feel should be brought to our attention (i.e. medical, family, educational):
_____**Local Emergency Contact (other than parents):**

Name _____

Phone _____

Relationship _____

Parental Agreement

1. I hereby declare that the information provided in this form is accurate and complete to the best of my knowledge. I understand that failure to provide complete and accurate information could result in ECA, at its discretion, declaring this application and any subsequent acceptance null and void
2. I understand that the withholding of records, especially those indicating that my child has special educational needs or handicapping conditions, could result in either the denial of admission or, in the case my child already having been enrolled, the reversed of enrollment decision
3. In registering my child at Escuela Campo Alegre, I agree to conform with the rules and procedures of the school as established by the Board of Directors and the Administration.
4. I hereby state that I have read and agree to the policies and procedures of Escuela Campo Alegre, as stated in the application package. I recognize that the decision of ECA regarding the admission of my child is final.

Signature of mother/father/ legal guardian: _____ Date: _____