



# Application for Admission School Year \_\_\_\_\_

Please drop off completed forms to the  
DMA administrative office, fax it to 2682-1213 or email it to [info@delmaracademy.com](mailto:info@delmaracademy.com)

## Child Information

Child's Full Name (F,M,L): \_\_\_\_\_

Child's Birth Date (MM/DD/YY): \_\_\_\_\_

Child's Exact Age on Oct. 1, 2010 (Ex. 4 years and 5 months): \_\_\_\_\_

Sex (Circle One): Male / Female      Last Academic Grade Completed: \_\_\_\_\_

Name of Prior School (if applicable): \_\_\_\_\_

Location of Prior School (city, country): \_\_\_\_\_

Years of Attendance at Prior School: \_\_\_\_\_ Phone# of Prior School: \_\_\_\_\_

Child's Cedula or Passport# \_\_\_\_\_ Citizenship: \_\_\_\_\_

Child's Ethnic Background (optional): \_\_\_\_\_

Child's Religion (optional): \_\_\_\_\_ Child's Primary Language(s) \_\_\_\_\_

## Family Information

**1. Parent/Guardian's  
Full Name (F,M,L):** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cedula or Passport# \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work# \_\_\_\_\_ Work hours \_\_\_\_\_

Home Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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

**2. Parent/Guardian's  
Full Name (F,M,L):** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cedula or Passport# \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work# \_\_\_\_\_ Work hours \_\_\_\_\_

Home Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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

**Person(s) Residing with Child**

Full Name	Relationship to Child	Age	Student, Occupation, or Other

**Emergency Contacts**

Please list at least two contacts other than the parents/guardians who can be contacted in the event of an emergency.

**1.Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home# \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

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

**2.Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home# \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

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

**Brief Health Information**

**Child's Physician:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

1. Please list any allergies the child has or may have. \_\_\_\_\_

2. Please list any physical or behavioral impairments/restrictions the child may have. \_\_\_\_\_

3. Is there any significant medical history or personal trauma that Del Mar Academy should be aware of? \_\_\_\_\_

4. Has the child ever been subject to diagnostic evaluations (educational or psychological)? If so, please give details and attach any appropriate documents. \_\_\_\_\_

5. Are the child's immunizations up to date? If no, please explain. \_\_\_\_\_

## Important Questions

It is important to determine whether the parents'/guardians' educational philosophy is compatible with that of Del Mar Academy. Compatibility ensures success for both the student and the family. With this in mind, we ask that you answer the following questions as honestly and thoroughly as possible.

1. If your child is under 9, why are you interested in a Montessori education for him/her?

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2. How much do you know about Montessori?

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3. What life-long goals do you have for your child and how do you see this program (Montessori ) assisting you in meeting these goals for your child?

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5. What areas would you consider your child's greatest strengths and what do you think DMA can do to enhance these strengths? \_\_\_\_\_

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6. Are you aware of any areas in which your child may need additional help and encouragement? \_\_\_\_\_

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7. How would you describe your child's personality and learning style? \_\_\_\_\_

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8. Is your child involved in any activities/hobbies or have interests outside of school? If so, please describe.

Yes    No   \_\_\_\_\_

9. Has your child had experience being away from you? If so, please describe reaction. If not, how do you think your child will react entering school?

Yes    No   \_\_\_\_\_

10. Are there any languages, other than English, spoken at home? If yes, please list.

Yes  No \_\_\_\_\_

11. Are the child's parents divorced or separated? If yes, please indicate if there is any particular agreement or situation that DMA should be aware of?

Yes  No \_\_\_\_\_

12. In which of the following areas are you able/willing to provide support to Del Mar Academy?

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising activities  | <input type="checkbox"/> Playground supervision                           |
| <input type="checkbox"/> Field trips             | <input type="checkbox"/> Involvement in the Parents' Guild                |
| <input type="checkbox"/> Computers               | <input type="checkbox"/> Preparation of Materials                         |
| <input type="checkbox"/> Special events          | <input type="checkbox"/> Other (talents, resources, interests, etc.)_____ |
| <input type="checkbox"/> Classroom volunteers    |   |
| <input type="checkbox"/> Environmental Committee |   |

### Application Procedure

Please ensure that the following information is included along with this fully completed application:

- Non-refundable application administration fee of \$100 US
- Copy of up-to-date immunization records
- Copy of child's passport, government approved ID, or Cedula#
- Last report card or permanent academic record information (if applicable)
- Any documents involving educational or psychological evaluations (if applicable)

**Please choose one payment schedule:**       **Annual**     **Tri annual**

Please note that this application does not guarantee a position for your child at Del Mar Academy, nor is the fee applied towards the tuition if your child is accepted. It will be kept on file and you will be contacted should a position become available. Del Mar Academy reserves the right to place children in the appropriate learning environment in order to maintain balanced classrooms with regards to quantity, age, sex, individual needs, and compatibility with the school's operational philosophy and program mandates. Upon acceptance, you will be required to complete a contract outlining expectations and responsibilities. In addition, you will need to complete a Medical Record Form for your child.

Del Mar Academy has a non-discriminatory policy with respect to race, color, religion, sexual orientation, and national origin.

Del Mar Academy considers the records of all individual students to be confidential information, available to a child's parent/guardian only upon request.

The signature(s) below indicates that all information contained in this application is factually correct and honestly presented.

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

Date:\_\_\_\_\_

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

Date:\_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature

Date:\_\_\_\_\_