



## Application for Admission 2011-2012 School Year

### Child Information

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

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

Child's Exact Age on Oct. 15, 2011 (Ex. 4 years and 5 months): \_\_\_\_\_

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

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. Please share what you know about the Montessori philosophy.

---

---

2. Why are you interested in a Montessori/Progressive education for your child?

---

---

3. What life-long goals do you have for your child and how do you see Del Mar Academy assisting your child to meet these goals?

---

---

---

4. What areas would you consider to be your child's greatest strengths and what do you think Del Mar Academy can do to enhance these strengths?

---

---

5. Are you aware of any areas in which your child may need additional help and encouragement? Please explain.

---

---

6. How would you describe your child's personality and learning style?

---

---

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

Yes    No   \_\_\_\_\_

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

Yes    No   \_\_\_\_\_

9. What languages are spoken at home? Please list and circle the language(s) the child is most comfortable speaking:

---

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

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

11. 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"/> Class parent                                      |
| <input type="checkbox"/> Field trips            | <input type="checkbox"/> Preparation of Materials                          |
| <input type="checkbox"/> Computers/Library      | <input type="checkbox"/> Committees  |
| <input type="checkbox"/> Special events         | <input type="checkbox"/> Coaching extra-curricular activities              |
| <input type="checkbox"/> Classroom volunteers   | <input type="checkbox"/> Other (talents, resources, interests, etc.) _____ |
| <input type="checkbox"/> Lunch volunteers       |  |

### **Application Procedure**

Please ensure that the following information is included along with this fully completed and signed Application Form:

- Non-refundable application administration fee of \$100 US
- Copy of your child's birth certificate
- Copy of the parents' passport or cedula
- Copy of your child's passport or cedula
- Copy of your child's up-to-date immunization records
- Official academic record showing your child's enrollment, days of attendance/tardiness, and grade level
- Your child's most recent progress reports/report cards, examples of his/her work, and teacher's observations
- Any evaluations (if applicable, submit individual education plans; academic, behavioral, and/or psychological evaluations)
- A notarized proof of custody or adoption (if applicable)
- Teacher Recommendation Form (not required for Toddler or Casa Program)
- Provide uniform size: Shirt \_\_\_\_\_ Shorts \_\_\_\_\_

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 our operational philosophy and the Costa Rican Ministry of Education mandates. Upon acceptance, you will be required to complete a contract outlining expectations and responsibilities. In addition, you will need to complete several registration forms 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. The signature(s) below also indicates that you fully accept the school's policy that children cannot enter the first grade until they are six years and three months (6.3) old by October 15th. This policy is strictly enforced and complies with the regulations set forth by the Costa Rican Ministry of Education.**

\_\_\_\_\_  
Mother's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Father's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature  
Date: \_\_\_\_\_