



# Costa Rica International Academy

## Admissions check list

Name of the student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applying for : \_\_\_\_\_

To enter on: \_\_\_\_\_

\_\_\_\_\_ Application for Admission

\_\_\_\_\_ Enrollment Agreement

\_\_\_\_\_ Health & Emergency Information

\_\_\_\_\_ Special Learning Needs

\_\_\_\_\_ Copy of the passport and birth certificate

\_\_\_\_\_ Copy of parent's passports.

\_\_\_\_\_ Copy of vaccination record

\_\_\_\_\_ Photo

\_\_\_\_\_ Transcripts for the last two years

\_\_\_\_\_ Letter of recommendation

\_\_\_\_\_ Letter from the previous school regarding debt/tuition payment clearance

# APPLICATION FOR ADMISSION

## Student Information

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Indicate Program of Interest:  day program  7 day boarding program  5 day boarding program

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ yrs. Sex: ( ) Male ( ) Female  
(M) (D) (Y)

Nationality: \_\_\_\_\_ Passport #: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Home Language: \_\_\_\_\_

Proposed Date of Entry: \_\_\_\_\_ Proposed/Grade Level: \_\_\_\_\_ Exp. length of stay in CR: \_\_\_\_\_

Brothers and Sisters of Applicant:

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

## Parents Information:

**Father's Name:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Please indicate to which email address school correspondence should be sent: \_\_\_\_\_

## PREVIOUS SCHOOL(S)

From	To	School's name and address	Grades
_____	_____	_____	_____
_____	_____	_____	_____

# ENROLLMENT AGREEMENT

I, (Parent/Guardian) \_\_\_\_\_, hereby enroll my

child, \_\_\_\_\_

**First Name**

**Last Name**

**Mother's Maiden Name**

in the \_\_\_ grade in Costa Rica International Academy, Guanacaste, Costa Rica,  day program as of this date:

\_\_\_\_\_  
**Month/Day/Year**

I understand that this agreement will be automatically extended to cover my financial obligations Costa Rica International Academy (CRIA) each time I re-matriculate my child at CRIA.

I agree to assume full responsibility for the payment of my child's tuition and other related fees for the entire period of enrollment at CRIA.

I understand that I must pay a non-refundable matriculation fee upon enrolling my child at CRIA and that said fee is due again well in advance of the beginning of each new school year.

I understand that overdue bills are subject to a monthly 1.5% surcharge on the balance due on tuition and other related fees, except matriculation with a 10% surcharge. Failure to pay an overdue bill after the second notice will result in the suspension of my child from classes until the bill is paid. The tuition fee is not refundable

I understand that no report cards, transcripts, or records of any kind will be released by CRIA until all financial obligations owed to CRIA are paid.

I agree to accept the rules and expectations of the school for my son/daughter as outlined in handbooks and other communications of school staff.

I grant permission to the school for my child to participate in officially sponsored school events, including sports and field trips away from the school premises. I understand the school will notify parents and request permission for participation in such events as they occur.

I understand that CRIA Guanacaste offers the U.S. High School Diploma and not the Bachillerato en Educación Diversificada from the Ministerio de Educación Pública of Costa Rica.(Bachillerato can be gained if exams are written and passed by the student(recommended for end of Grade 11))

I understand that without the Bachillerato, my child could experience difficulties in the event that they wish to attend a university in Costa Rica.

I have read and fully understand and accept the above stipulations as conditions for enrolling my child in Costa Rica International Academy.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residence/Cédula/Passport

Costa Rica Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_

# HEALTH AND EMERGENCY INFORMATION

A. Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital of Preference: ( ) Hospital de Liberia ( ) Hospital de Nicoya ( ) Clínica Los Ángeles

B. **HEALTH INFORMATION**

Allergy ( ) YES ( ) NO

Medicines / Food / Insects:

\_\_\_\_\_

Life Threatening Allergies:

\_\_\_\_\_

C. **STUDENT'S MEDICAL HISTORY:**

- |                           |                                      |
|---------------------------|--------------------------------------|
| ( ) Asthma                | ( ) Thyroid                          |
| ( ) Migraines / Headaches | ( ) Cholitis or chronic stomach pain |
| ( ) Diabetes              | ( ) Behavior Disorder (ADD, ADHD)    |
| ( ) Heart problem         | ( ) High blood pressure              |
| ( ) Seizures              | ( ) Other medical problems           |

Comment (any items checked): -

\_\_\_\_\_

D. **MEDICATION**

Medicine taken at home every day:

\_\_\_\_\_

Medicine taken at school every day:

\_\_\_\_\_

If your child experiences fever and/or pain while at school, please indicate if the school is authorized to administer mild medication:

( ) YES ( ) NO If yes, check the type below:

( ) Tylenol / Panadol ( ) Ibuprofen / Dorival ( ) PeptoBismol / Tums

( ) Panadol Cold ( ) Otosedan Ear Drops ( ) Other: \_\_\_\_\_

E. **EMERGENCY CONTACTS:** Please provide us with the names of two persons whom we should contact in your absence:

**Contact 1**

**Contact 2**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

F. **All reasonable attempts will be made to contact you or your emergency contacts in the case of an emergency. However, if we are unable to reach a parent of the emergency contact listed on this form, CRIA reserves the right to take your child to a nearby hospital or clinic in the case of an emergency.**

## Special Learning Needs

Costa Rica International Academy has the following resources to address the children with special needs:

- Small Classrooms
- Differentiated instruction
- Supportive administration

Due to limited resources, we are not able to meet needs of all students with special learning needs. Acceptance of students with special learning needs will be determined on a case by case basis. If your child has any special needs, please list them here:

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If there are any behaviors associated with your child's special learning needs, please list them here:

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If your child is currently receiving accommodation at school, please list those accommodations here:

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If your child takes medications for his/her special learning needs, please list the medication (s) here:

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Check one:

My child has an individualized Education Program (I.E.P)  Yes  No

If yes, please attach the I.E.P to your enrollment application.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_