



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

_____ Letter from the previous school regarding debt/tuition payment clearance

_____ Interview by Principal

_____ Transcripts for the last two years

_____ Letter of recommendation

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 Name: _____

Nationality: _____

Nationality: _____

Address: _____

Address: _____

E-mail address: _____

E-mail address: _____

Home Phone: _____

Home Phone: _____

Company: _____

Company: _____

Business Phone: _____

Business Phone: _____

Job Title/Position: _____

Job Title/Position: _____

Please indicate to which school email address 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

in the ___ grade in Costa Rica International Academy, Guanacaste, Costa Rica, day program 7 day boarding
"X" box of applicable program

program 5 day boarding program as of this date: _____

Month/Day/Year

I understand that this agreement will be automatically extended to cover my financial obligations to 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 and the non refundable field trip and assessment fee upon enrolling my child at CRIA and those said fees are due again well in advance of the beginning of each new school year. Tuition also is not refundable.

I understand the tuition fee is not refundable for any reason whatsoever, (except for prolonged students illness of thirty (30) days or more certified by attending physician) including dismissal, suspension, removal, withdrawal, or any other reason.

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. In case of past due balances the school will apply the Decree # 24017 from the Ministerio de Educación de Costa Rica:

"When it provides, in accordance with the provisions of the preceding article, suspension of educational services because of past due balances, must be done to coincide with the conclusion of a defined school period, bimester, the quarter or semester, as the educational calendar is organized . In this case, the parent or the student or his/her legal representative must be notified , as the case may be, not less than 15 days in advance and make available the necessary certifications for an eventual transfer to another school."

I understand that no, transcripts, letter of recommendation , etc 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 Publica of Costa Rica.

I understand that without the Bachillerato, my child could experience difficulties in the event they wish to transfer into a school within the Costa Rican educational system, or 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

HEALTH AND EMERGENCY INFORMATION

A. Family Physician: _____ Office Phone: _____

Hospital of Preference: () Hospital de Liberia () Hospital de Nicoya () San Rafael Arcangel

B. **HEALTH INFORMATION**

Allergy () YES () NO

Medicines / Food / Insects:

Life Threatening Allergies:

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

- | | |
|---------------------------|--|
| () Asthma | () Thyroid |
| () Migraines / Headaches | () Cholititis 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 or 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:

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

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

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

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 _____