



**STUDENT APPLICATION FORM**

<b>Date of Application:</b>		
<b>Student Name:</b>		Male: __ Female: __
Birth Date:	Age:	Grade Entering:
Residential Address:		
Nationality of Passport(s):		Language(s) spoken:
Cédula or Passport Number:		Student Email:
<b>Father's Name:</b>		
Address (if different than above):		
Nationality of Passport(s):		Language(s) spoken:
Email:		Occupation and/or Employer:
Cell Phone 1:		Cell Phone 2:
<b>Mother's Name:</b>		
Address (if different than above):		
Nationality of Passport(s):		Language(s) spoken:
Email:		Occupation and/or Employer:
Cell Phone 1:		Cell Phone 2:

**Parent's Marital Status:** Married: \_\_ Separated: \_\_ Divorced: \_\_ Widowed: \_\_

**School Background:**

List any school experience the applicant has had:

School	Grade	Dates

Grade applicant was enrolled in last semester: \_\_\_\_\_

Was the applicant promoted?: \_\_\_\_\_

Was the applicant ever dropped from any school for any reason? \_\_\_\_\_

If so, explain why:

Do you understand the financial responsibility involved and will you be able to settle you account promptly with the school? Yes: \_\_\_\_ No: \_\_\_\_\_

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### **STATEMENT OF COOPERATION**

It is understood that my child's attendance is a privilege and not a right; and that if at any time his/her conduct, academic progress or cooperation with the school's authorities, is not in keeping with the school's requirements, the school reserves the right to terminate, at its discretion, my child's enrollment.

It is understood that the school's policy is to make no refunds on any fees paid or due to the school.

By signing this document, I/we have read and agreed to the items referred to in the Parent/Student Manual.

The parent hereby agrees to allow the child to fully participate in all activities organized by Five Stars Academy, including field trips, sports, community service and others. The parent and child waive all claims against Five Stars Academy, leaders of the activities and the officers, agents, representatives, authorized caregivers, and families of Five Stars Academy arising out of participation in such activities.

The parent hereby authorizes Five Stars Academy, its officers, agents, employees, volunteers, caregivers, and any emergency service agency as well as any physician, dentist, or paramedic associated with them to give whatever care in their professional opinion is necessary for said student's health and safety while enrolled at Five Stars Academy. The school is hereby authorized to administer first aid in case of emergency.

Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

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