



Iglesia Evangélica Menonita
ACADEMIA MENONITA



URB. SUMMIT HILLS
1751 ASOMANTE STREET
SAN JUAN, PUERTO RICO 00920-4300
Church: (787) 707-0050 - School: (787) 783-1295 - Fax: (787) 783-1280
Email: information@acadmensj.org – Web: www.academiamenonitasj.org

Alternate telephone: 787-507-4147

EN ESPAÑOL AL DORSO

For School Year 2020-2021

Dear parents of present students:

May the Lord bless you and your family!

Thank you for continuing with Academia Menonita as your son's or daughter's center of education. It is an honor for us to have your trust and hopes. During 58 years Academia Menonita has pursued to empower our students with a sound educational and spiritual experience that will promote their development as citizens who contribute in forming a better world as they follow the Lord's will.

Registration applications for school year 2020-2021 will be accepted for submittal from November 4, 2019.

For your convenience, this year we will offer again a payment system in 3 installments for the Registration Fee. The due dates for each installment are:

- **November 22, 2019**
- **December 19, 2019**
- **January 31, 2020**

The total amount is **\$395.00** and **January 31, 2020** is the due date for the Registration Fee, be it in installments or in its entirety. After said date there will be a late charge of **\$50.00**.

It is very important that you submit **ALL** the required documents (forms must be filled and signed in all parts; documents must be complete in their entirety), as no student will be officially registered if there is any document missing. These documents have to be submitted no later than **July 24, 2020**. After said date there will be a late charge of **\$25.00**. Therefore, it is very important that you be prompt in collecting and submitting them.

Remember that the acceptance of applications is limited to the spaces available, and therefore we recommend you to submit your application as soon as possible.

We thank you again for remaining part of the Academia Menonita family.

Sincerely,

Ramonita Rivera-Torres, Administrator

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IN ENGLISH ON BACK

Para Año Escolar 2020-2021

Estimados padres de estudiantes actuales:

¡Que Dios les bendiga a ustedes y sus familias!

Gracias por continuar con la Academia Menonita como el centro de enseñanza de su hijo o hija. Es un honor para nosotros el gozar de su confianza y esperanza. Por 58 años la Academia Menonita se ha mantenido en pos de facultar a nuestros estudiantes con una experiencia educativa y espiritual sólida, que promueva su desarrollo como ciudadanos que contribuyen a un mundo mejor, siguiendo la voluntad de Dios.

Las solicitudes de matrícula para el año escolar 2020-2021 podrán ser sometidas desde el 4 de noviembre de 2019.

Para su conveniencia, nuevamente ofreceremos el sistema de pagos en 3 plazos para la cuota de matrícula. Las fechas límites para cada plazo son las siguientes:

- **22 de noviembre de 2019**
- **19 de diciembre de 2019**
- **31 de enero de 2020**

*La cantidad total es de **\$395.00** y el **31 de enero de 2020** es la fecha límite para el pago de matrícula, sea a plazos o en su totalidad, por lo que luego de esta fecha habrá un recargo de **\$50.00**.*

*Es sumamente importante que entreguen **TODOS** los documentos requeridos (las formas tienen que estar llenas en todas sus partes; los documentos tienen que estar completos en su totalidad), pues ningún estudiante estará oficialmente matriculado si falta alguno. Dichos documentos tienen que ser entregados no más tarde del **24 de julio de 2020**. Luego de esta fecha habrá un recargo de **\$25.00**. Por lo tanto, es muy importante que se apresure en recopilar y someter los mismos.*

Recuerde que la aceptación de solicitudes está limitada a los espacios disponibles, por lo que le recomendamos que entregue su solicitud a la brevedad posible.

Nuevamente le agradecemos por permanecer como parte de la gran familia de la Academia Menonita.

Sinceramente,

Ramonita Rivera Torres, Administradora

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2020-2021 REGISTRATION PROCESS FOR PRESENT STUDENTS

Dates of Registration: November 4, 2019 – January 31, 2020

Documents required: The following documents must be submitted with the registration payment:

1. **Admission Application**, completed and signed
 2. Copy of **any bill** (AAA, AEE, etc.) to verify mailing address.
 3. Two (2) recent (up-to-date) **2 x 2 photographs**
 4. **Agreement Form** of the “Handbook for Students and Parents”, with the complete signatures.
 5. **Emergency Card** (it must be filled in ALL ITS PARTS --including the pictures-- and signed).
 6. **Socioeconomic Study** (used for the school’s statistic and services purposes).
 7. **Service Selection** (all parents must come for the Service Agreement --contract-- **from July 1 to July 24, 2020**).
 8. **Medical Examination w/Eyesight Test** (must use the form provided by the Academy).
 9. **Oral Exam Certificate** (students entering K, 2nd, 4th, 6th, 8th and 10th) (must use the form provided by the Department of Health).
 10. **Psychometric Evaluation** (valid 1 year) (students entering **1st grade**, starting new since August 2020, and present PPK and PK when entering 1st grade).
 11. Students ages **5 and 11** years old **by August 2020**, parents must bring updated **P-VAC-3 Immunization Certification** document (green form) as soon as the students reach said ages.
- **In order to register your children for school year 2020-2021, your payments must be up-to-date.**
 - **After January 31, 2020 space availability will not be guaranteed and the registration payment will have a late charge of \$50.00. If you have any inconvenience, please visit the Administrator or the Business Office.**
 - **You must submit ALL required documents (forms must be filled and signed in all parts; documents must be complete in their entirety), as no student will be officially registered if there is any document missing. These documents have to be submitted no later than July 24, 2020; after said date there will be a late charge of \$25.00.**

PROCESO DE MATRÍCULA 2020-2021 PARA ESTUDIANTES ACTUALES

Fechas de Matrícula: 4 de noviembre de 2019 – 31 de enero de 2020

Documentos requeridos: Los siguientes documentos tienen que ser entregados junto con el pago de matrícula:

1. **Solicitud de Admisión**, completada y firmada
 2. Dos (2) **fotografías 2 x 2** recientes
 3. Copia de **alguna factura** (AAA, AEE, etc.) para verificar dirección postal.
 4. **Hoja de Compromiso** del “Manual General para Estudiantes y Padres”, con firmas completas.
 5. **“Emergency Card”** 2019-2020 (debe estar lleno en TODAS SUS PARTES --incluyendo las fotos-- y firmado)
 6. **Estudio Socioeconómico** (para propósitos estadísticos de la escuela en petición de servicios)
 7. **Selección de Servicios** (todos los padres deben venir para el Acuerdo de Servicios --contrato-- del **1 de julio al 24 de julio de 2020**).
 8. **Examen Médico y Examen de la Vista** (debe usar el formulario que provee la Academia).
 9. **Certificado de Examen Oral** (estudiantes que pasan a K, 2do, 4to, 6to, 8vo y 10mo) (debe usar el formulario que provee el Departamento de Salud).
 10. **Evaluación Psicométrica** (válida 1 año) (estudiantes que pasan al 1er grado, entrando nuevos desde agosto 2020, y actuales de PPK y Pre-Kinder cuando entren a 1ero).
 11. Estudiantes **5 y 11** años de edad **en agosto 2020, los padres deberán traer el Certificado de Vacunas P-VAC-3 (hoja verde) actualizado** tan pronto los estudiantes cumplan dichas edades.
- **Para matricular a sus hijos para el año escolar 2020-2021, sus pagos tienen que estar al día.**
 - **Luego del 31 de enero de 2020 los espacios no serán garantizados y el pago de matrícula tendrá un recargo de \$50.00. De tener algún inconveniente, favor visitar a la Administradora y/o la Oficina de Contabilidad.**
 - **Debe someter TODOS los documentos requeridos (las formas tienen que estar llenas en todas sus partes; los documentos tienen que estar completos en su totalidad), pues ningún estudiante estará oficialmente matriculado si falta alguno. Dichos documentos tienen que ser entregados no más tarde del 24 de julio de 2020; luego de esta fecha habrá un recargo de \$25.00.**



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REGISTRATION & PAYMENTS INFORMATION 2020-2021



ADMISSION APPLICATION (Processing Fee)	
PPK A K	\$35.00 (NON REFUNDABLE)
*This fee does <u>not</u> guarantee admission.	

REGISTRATION FEE - NEW STUDENTS*		REGISTRATION FEE - PRESENT STUDENTS*	
PPK	\$400.00 per student	PK to K	\$395.00 per student
PK to K	\$420.00 per student		
INITIAL FEE	\$325.00 per family the first year only	INITIAL FEE	N/A
PHYSICAL FACILITIES FEE NEW STUDENTS**		PHYSICAL FACILITIES FEE PRESENT STUDENTS**	
PK-K	\$350.00 per family	PK-K	\$350.00 per family
TOTAL REGISTRATION FEE NEW STUDENTS		REGISTRATION FEE PRESENT STUDENTS	
PPK	PK-K	PK-K	
TOTAL: \$725.00	TOTAL: \$1,095.00	TOTAL: \$745.00	

*Registration Fee is not refundable. **Present students only: 3 installments for your convenience** (November 22, 2019, December 19, 2019, and January 31, 2020). After said date, space availability will not be guaranteed and will have a late charge of \$50.00.

**Enjoy a discount of \$50.00 if paid by June 26. This fee can be added to your monthly payment in installments of \$35.00 monthly. This payment will be refundable according to the regulations established in the "Handbook for Students and Parents".

ANNUAL FEES (DUE AUGUST 03, 2020)		
GRADE	Other Fees	Breakdown of Other Fees
PPK	\$115.00	· Classroom Fee \$75.00 · Learn Aid (Kinder) \$40.00
PK	\$115.00	· Insurance Fee \$10.00 · Graduation Fee* (Kinder) \$150.00
K*	\$305.00	· ID Card \$5.00 · PTO (family fee) \$10.00
		· Emergency Mgmt. Plan \$5.00 · Scholarship Fund (family fee) \$10.00
*Kinder Graduation Gown not included in annual fees; must be paid at Business Office when stated.		

TUITION PER STUDENT (DUE 1 ST OF EACH MONTH)		
GRADE	MONTHLY & LUNCH	YEARLY
PPK	\$312.00 + \$115.18 = \$427.18	\$4,271.80
PK - K	\$343.00 + \$115.18 = \$458.18	\$4,581.80
• Tuition fee is divided for your convenience in 10 installments. • Lunch price includes IVU. Lunch Program includes 2 snacks. The student does not have to bring a lunch bag to school. • Snacks Tickets can be used for breakfast at the cafeteria from 7:00 to 7:30 am and for snacks at "El Kiosko". • These prices are subject to change without notice.		

CHILD CARE SERVICES AND AFTER SCHOOL PROGRAMS (OPTIONAL)		
PPK-K	Preschool Care (includes 1 snack)	\$80.00 per student monthly
• All after-school programs are from 3:15 pm - 5:15 pm. A charge of \$10.00 applies after 5:45 pm. • Spaces are limited and depend upon availability at registration • Only 2 changes will be allowed per school year. During the month of December and May withdrawals are not allowed.		

THERAPIES (OPTIONAL)	
FROM 3:00 TO 5:00 PM AT SCHOOL PREMISES	
Students in need of occupational therapy, speech/language therapy and/or educational therapy will have the opportunity to receive this service at school facilities when coordinated with our designated therapy group. (Centro de Terapias Taboa 787-354-9075)	



PAYMENT POLICY

- ALL required documents must be submitted (forms must be filled and signed in all parts; documents must be complete in their entirety), as no student will be officially registered if there is any document missing. These documents have to be submitted no later than **July 24, 2020**; after said date there will be a late charge of **\$25.00**.
- At the moment of registration, all families must sign the Payment Agreement at the Business Office. A **6%** discount of the total **tuition fee** will be granted to those families who make the payment of all the fees for the entire year by **August 17, 2020**.
- Any month attended at least one (1) day will be considered a full month.
- Late payments and returned checks: There will be an additional charge of **\$25.00 for each returned check** and **\$25.00 for delayed payment (after day 15 of each month)**.

TRANSCRIPTS

- A **\$15.00 fee will be charged for each student transcript requested**. Please allow three or more working days for the transcript to be completed. In order to process any transcript, official document, record, report card, etc., said family's account must not have any payment pending to the school; as soon as the remaining balance is paid, the solicited document will be processed.

TRANSPORTATION: Parents are responsible for making their own transportation arrangements.

ACADEMIA MENONITA RESERVES THE RIGHT OF ADMISSION AND RE-ADMISSION.





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REGISTRATION & PAYMENTS INFORMATION 2020-2021

ELEMENTARY & SECONDARY LEVEL

ADMISSION APPLICATION (Processing Fee)	
1 st - 12 th grade	\$35.00 (NON REFUNDABLE)
•This fee does <u>not</u> guarantee admission.	

REGISTRATION FEE - NEW STUDENTS*		REGISTRATION FEE - PRESENT STUDENTS*	
1 st - 12 th	\$420.00 per student	1 st - 12 th	\$395.00 per student
INITIAL FEE	\$325.00 per family the first year only	1 st - 12 th	N/A
PHYSICAL FACILITIES FEE NEW STUDENTS**		PHYSICAL FACILITIES FEE PRESENT STUDENTS**	
1 ST - 12 th	\$350.00 per family	1 ST - 12 th	\$350.00 per family
REGISTRATION FEE - NEW STUDENTS		REGISTRATION FEE - PRESENT STUDENTS	
TOTAL: \$1,095.00		TOTAL: \$745.00	

*Registration Fee is not refundable. Present students only: 3 installments for your convenience (November 22, 2019, December 19, 2019, and January 31, 2020). After said date, space availability will not be guaranteed and will have a late charge of \$50.00.

**Enjoy a discount of \$50.00 if paid by June 26. This fee can be added to your monthly payment in installments of \$35.00 monthly. This payment will be refundable according to the regulations established in the "Handbook for Students and Parents".

ANNUAL FEES (DUE AUGUST 03, 2020)			
GRADE	Book Fee	Other Fees	Breakdown of Other Fees
1	\$125.00	\$155.00	· Classroom Fee \$75.00 · Insurance Fee \$10.00 · ID Card \$5.00 · Emergency Mgmt. Plan \$5.00 · Learn Aid (1 st to 11 th) \$40.00 · Retreat (6 th to 12 th) \$40.00 · Laboratory Fee (7 th to 12 th) \$20.00 · Locker Fee (7 th to 12 th) \$20.00 · Lock (new) (7 th to 12 th) \$15.00 · Graduation Fee* (8 th & 12 th) \$150.00 · PTO (family fee) \$10.00 · Scholarship Fund (family fee) \$10.00 *8th & 12th Graduation Gown not included in annual fees and must be paid at Business Office when stated.
2	\$150.00	\$155.00	
3	\$175.00	\$130.00	
4	\$125.00	\$155.00	
5	\$150.00	\$155.00	
6	\$175.00	\$195.00	
7	\$200.00	\$250.00	
8	\$200.00	\$400.00	
9	\$200.00	\$250.00	
10-11	\$250.00	\$250.00	
12	\$200.00	\$360.00	
♦Rented book lost must be paid in full. Book Fee is subject to change , depending on the amount of hard-cover books to be used and their price. ♦7 th to 12 th : Official lockers' locks lost have a replacement cost of \$15.00.			

TUITION PER STUDENT (DUE 1 ST OF EACH MONTH)		
GRADE	MONTHLY	YEARLY
1-3	\$358.00	\$3,580.00
4-6	\$375.00	\$3,750.00
7-8	\$389.00	\$3,890.00
9-12	\$435.00	\$4,350.00
•Tuition fee is divided for your convenience in 10 installments.		

CHILD CARE SERVICES AND AFTER SCHOOL PROGRAMS (OPTIONAL)		
PPK-K	Preschool Care (includes 1 snack)	\$80.00 per student monthly
1 st -12 th	Study Hall	\$75.00 per student monthly
1 ST -6 TH	Study Hall Plus (Tutoring)	\$200.00 per student monthly
7 TH -12 TH	Study Hall Plus (Math tutoring only)	\$100.00 per student monthly
•Spaces are limited and depend upon availability at registration. •Only 2 changes will be allowed per school year. During the month of December and May withdrawals are not allowed. •Tutoring services will be Monday through Thursday, and on Friday they go to Study Hall, which is included in the full tutoring service. •All after-school programs are from 3:15 pm - 5:15 pm. A charge of \$10.00 applies after 5:45 pm. These programs will not receive a credit for days the student is absent. This includes after school activities, sports, music and tutoring services.		

THERAPIES (OPTIONAL)		
FROM 3:00 TO 5:00 PM AT SCHOOL PREMISES		
Students in need of occupational therapy, speech/language therapy and/or educational therapy will have the opportunity to receive this service at the school facilities when coordinated with our designated therapy group. (Centro de Terapias Taboa 787-354-9075)		
LUNCH PROGRAM AND SNACK TICKETS		
GRADE	MONTHLY LUNCH PROGRAM	DAILY TICKETS
1-3	\$77.15 IVU INCLUDED	\$47.72 (10 TICKETS)
4-6	\$87.42 IVU INCLUDED	\$53.97 (10 TICKETS)
7-12	\$99.15 IVU INCLUDED	\$30.33 (5 TICKETS)
GRADE	SNACK TICKETS	PRICE
1-12	\$0.99	\$9.87 (10 TICKETS)
1-12	\$0.28	\$2.80 (10 TICKETS)
•1 st to 12 th grades' Lunch Program is optional. Only 1 change will be allowed, only in the first semester. •Snack Tickets can be used for breakfast at the cafeteria from 7:00 to 7:30 am and for snacks at "El Kiosko". •These prices are subject to change without notice.		

PAYMENT POLICY

- ALL required documents must be submitted (forms must be filled and signed in all parts; documents must be complete in their entirety), as no student will be officially registered if there is any document missing. These documents have to be submitted no later than **July 24, 2020**; after said date there will be a late charge of **\$25.00**.
- At the moment of registration, all families must sign the Payment Agreement at the Business Office. A **6%** discount of the total **tuition fee** will be granted to those families who make the payment of all the fees for the entire year by **August 17, 2020**.
- Any month attended at least one (1) day will be considered a full month.
- Late payments and returned checks: There will be an additional charge of **\$25.00 for each returned check** and **\$25.00 for delayed payment (after day 15 of each month)**.

TRANSCRIPTS

- A **\$15.00 fee will be charged for each student transcript requested**. Please allow three or more working days for the transcript to be completed. In order to process any transcript, official document, record, report card, etc., said family's account must not have any payment pending to the school; as soon as the remaining balance is paid, the solicited document will be processed.

TRANSPORTATION: Parents are responsible for making their own transportation arrangements.

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Place picture
here

DO NOT WRITE IN THIS BOX

--For official use of Academia Menonita--

-FOR USE OF BUSINESS OFFICE-

Processing Fee-Date _____
Entrance Exam-Date _____
Registrat. Fee -Date _____
Receipt Handbook _____
Emergency Card _____
Recent photographs (2) _____
Initial Fee -Date _____
Phys.Facil. Fee-Date _____
Payment Agreement _____

-FOR USE OF ADMINISTRATIVE OFFICE-

Home _____ Day Care _____ PPK/PK _____
Left-handed _____ Right-handed _____
Eyeglasses _____
Official Complete Transcripts _____
Conduct Letter _____
Credit Letter _____
Teacher Recommendation Letters (2) _____
Psychometric Evaluation _____
Original P-VAC-3 _____
Copy Birth Certificate _____
Health Certificate Form _____
Socioeconomic Study _____

____ New family
____ Previous family
____ Present family

New student is sibling of
present student _____

-FOR USE OF DIRECTOR-

☐ Accepted
☐ Not accepted

By: _____

Date: _____

STUDENT ADMISSION APPLICATION

(Please print clearly)

Date of application: _____ School Year applied for: _____ Grade applied for: _____

Name: _____
(First Surname) (Second Surname) (First Name) (Middle Name)

Place of Birth: _____ Date of Birth: _____ Age: _____ Gender: F () M ()

Language(s) used at home: _____ Student's primary language: _____

Residential Address: _____ Zip Code _____

Mailing Address: _____ Zip Code _____

Person in charge of account: _____ Relationship: _____

Mailing Address of said person: _____ Zip Code _____

Father or Guardian: _____ If guardian, relationship: _____

Home Telephone: _____ Cellular phone: _____ E-mail: _____

Birthplace: _____ Language Spoken: _____

Education: _____ Occupation: _____

Employer: _____ Position: _____

Address: _____ Office Telephone: _____

Mother or Guardian: _____ If guardian, relationship: _____

Home Telephone: _____ Cellular phone: _____ E-mail: _____

Birthplace: _____ Language Spoken: _____

Education: _____ Occupation: _____

Employer: _____ Position: _____

Address: _____ Office Telephone: _____

Marital Status of Parents: Married () Separated () Divorced () Widow(er) ()

Student lives with: Both parents () Mother () Father () Grandparents () Other (): _____

If student lives with stepparents, grandparents, or other, please state:

Name(s): _____ Relation: _____

Religious Denomination(s): Protestant () Which? _____ Catholic () Jewish () None () Other () Which? _____

Name of Church or Synagogue: _____ Address: _____

Attendance: Regularly () Sometimes () Never ()

Children in family (please include applicant, too):

<u>Name</u>	<u>Age</u>	<u>Present Grade</u>	<u>Present School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEW STUDENTS ONLY (questions 1-7 for parents to answer)

1. Are you a former student? Yes () (Years attended: _____) No ()
2. Why have you chosen Academia Menonita for your child's education? _____
3. How did you know about Academia Menonita? (if by newspaper, which one? if by radio, which station?) _____
4. Did you come to our Open House? Yes () Which? November () February () No ()
5. List all other schools your child has attended (complete postal address).

6. Has your child been asked to leave any previous school due to discipline or failing grades? Yes () No ()
7. Has your child ever repeated a school year? Yes () (grade: _____) No ()

PLEASE READ THE FOLLOWING INFORMATION. THIS APPLICATION IS NOT VALID UNLESS COMPLETED, ACCEPTED (INITIALIZED) AND SIGNED.

NOTE: Incorrect or deleted information may invalidate this application form, any previous acceptance notice, or registration in Academia Menonita. (Información incorrecta u omitida puede invalidar esta solicitud, cualquier nota de aceptación o la matrícula en la Academia Menonita.)

(Initials) **I understand** that Academia Menonita works in cooperation with the neighbors surrounding the school. **I agree** not to park my car blocking the driveway of any neighbor or the personnel parking lot (this includes a reasonable distance from the driveway that allows the car to turn comfortably when entering or exiting said parking), nor will I blow my car horn unnecessarily, or litter the surroundings. **I also agree** to follow the traffic pattern established by Academia Menonita in order to alleviate traffic congestion in the morning and in the afternoon. **I understand** that **I COULD LOSE THE RIGHT FOR MY CHILD TO ATTEND ACADEMIA MENONITA IF I DO NOT COOPERATE WITH THE NEIGHBORS** in these requests.

(Entiendo que la Academia Menonita trabaja en cooperación con los vecinos circundantes a la escuela. Acepto no estacionar mi automóvil obstruyendo la entrada de los vecinos o del estacionamiento de personal (esto incluye una distancia razonable de dicha entrada que permita que el carro pueda doblar cómodamente para entrar o salir de dicho estacionamiento), ni sonar la bocina innecesariamente, ni arrojar basura en los alrededores. Entiendo que **PODRÍA PERDER EL DERECHO QUE TIENE MI HIJO DE ASISTIR A LA ACADEMIA MENONITA SI NO COOPERO CON LOS VECINOS** en estos requerimientos.)

(Initials) **I understand and agree** TO PICK UP MY CHILD ON TIME, AS ESTABLISHED BY ACADEMIA MENONITA, AND THAT **I COULD LOSE THE RIGHT FOR MY CHILD TO ATTEND THIS SCHOOL IF I DO NOT COMPLY WITH THIS AGREEMENT.**

(Entiendo y acepto recoger mi hijo a tiempo, según lo establecido por la Academia Menonita, y que **PODRÍA PERDER EL DERECHO QUE TIENE MI HIJO DE ASISTIR A ESTA ESCUELA SI NO CUMPLO CON ESTE ACUERDO.**

(Initials) **I understand and authorize** Academia Menonita to use photographs or images of my son/daughter to be published in the Academy's different means of communication and its websites, preserving respect and good withstanding towards them.

(Entiendo y autorizo a la Academia Menonita la utilización de fotografías o imágenes de mi hijo(a) para ser publicado en los diferentes medios de comunicación de la Academia y sus páginas Web, preservando el respeto y buen nombre de ellos.)

(Initials) **I understand and agree** that Academia Menonita reserves the right to admission and re-admission of students.
(Entiendo y acepto que la Academia Menonita se reserva el derecho de admisión y readmisión de estudiantes.)

Date

Parent/Guardian's Signature

IGLESIA EVANGÉLICA MENONITA
ACADEMIA MENONITA

1751 ASOMANTE ST. SUMMIT HILLS
SAN JUAN, PR 00920

SERVICES SELECTION – SCHOOL YEAR 2020-2021

Please mark on this document the services that you will select for the school year. With this document we prepare the **Payment Agreement** (which you later sign at the Business Office), as well as the payment invoices for the school year, for you to obtain the **Student Entrance Pass for First Day of Classes**. If later you want to make modifications to the services you have chosen here, you must go to the Business Office to make the changes in the invoices and sign the Payment Agreement again.

Person in charge of account (name w/the 2 surnames) _____

Please list the students from the oldest to the youngest, by grade:

Name and 2 surnames	Grade	Lunch Plan	Preschool Care or Study Hall	Tutoring
1.				
2.				
3.				
4.				

NOTE: Other services like fractioned tutoring, guitar classes, etc. are not included in this form.

Did you/Will you pay the Physical Facilities Fee by **June 26, 2020**? Yes____ No ____

Will you make your payments through *Telepago* or ENET? Yes____ No ____

Will you make your payments through the mobile application or the web? Yes____ No ____

For your convenience, the annual tuition charge has been divided into 10 equal parts. Each monthly payment applies to the months starting with August 1 to May 1.

Acceptance of the Payment Policy (write initial):

1. _____ This form will serve as notification for all the payments due. We will not send a monthly statement. Please notify the Academy if you lose this form or if you have a change of address, phone number and/or email.
2. _____ All payments are due the first day of each month. After the 15th of the month, a service charge will be added to all payments and the access (pin) to the student's grades in the system will be removed. After the 20th of the month, the student will not be permitted to enter the classroom until the payment is received or a special arrangement is made. If the payment is not received by the 25th of the month, the student will be withdrawn and the access (pin) to the student's grades in the system will be removed.
3. _____ The grade report will be retained for any pending balance in the account (lunch or snack ticket, late pick-up, lost book, returned check, etc.)
4. _____ Months with partial attendance will be paid as complete months.
5. _____ The end of semester tests will not be offered if there is any pending balance in the account.
6. _____ If the person in charge of the account is going to send a representative to carry out any errand, the person in charge must authorize it in writing.

Date

Signature of the person in charge of the account or the authorized representative, in writing

IGLESIA EVANGÉLICA MENONITA
ACADEMIA MENONITA
1751 ASOMANTE ST. SUMMIT HILLS
SAN JUAN, PR 00920

SELECCIÓN DE SERVICIOS - AÑO ESCOLAR 2020-2021

Favor marcar en este documento los servicios que va a escoger para el año escolar. Con este documento preparamos el **Acuerdo de Pagos** (el cual deberá pasar luego a firmar en la Oficina de Contabilidad), así como las facturas de pago para el año escolar, para usted poder obtener el **Pase de Entrada de Estudiante el Primer Día de Clases**. Si posteriormente desea realizar modificaciones a los servicios aquí escogidos, usted tendrá que pasar por la Oficina de Contabilidad para que se hagan los cambios a las facturas y firmar el Acuerdo de Pagos nuevamente.

Persona a cargo de la cuenta (nombre c/2 apellidos) _____

Favor enumerar los estudiantes de mayor a menor, por grado:

Nombre y 2 apellidos	Grado	Plan de Almuerzo	Cuido/Estudios Supervisados	Tutoría
1.				
2.				
3.				
4.				

NOTA: Otros servicios como tutorías fraccionadas, clases de guitarra, etc. no son incluidos en esta hoja.

¿Pagó/pagará Cuota de Facilidades Físicas en/antes del **26 de junio de 2020**? Si _____ No _____

¿Hará sus pagos a través de Telepago o ENET? Si _____ No _____

¿Hará sus pagos a través de la aplicación móvil o web? Si _____ No _____

Para su conveniencia, el cargo de instrucción anual ha sido dividido en 10 partes iguales. Cada pago mensual aplica para los meses del 1ro de agosto al 1ro de mayo.

Aceptación de Política de Pagos (colocar inicial):

1. _____ Esta hoja servirá como notificación para todos los pagos vencidos. No enviaremos un estado mensual. Favor notificar a la Academia si pierde esta hoja o si tiene algún cambio de dirección, teléfono y/o correo electrónico.
2. _____ Todos los pagos vencen el primer día de cada mes. Luego del día 15 del mes, un cargo de servicio le será añadido a todos los pagos y se removerá el acceso (pin) a las notas del estudiante en el sistema. Luego del día 20 del mes, la entrada del estudiante al salón de clases no será permitida hasta que el pago sea recibido o se haga algún arreglo especial. Si el pago no es recibido para el día 25 del mes, el estudiante será dado de baja y será removido en el sistema el acceso (pin) de las notas del estudiante.
3. _____ El informe de notas será retenido por cualquier balance pendiente en la cuenta (tickets de almuerzo o merienda, recogido tardío, libro perdido, cheque devuelto, etc.).
4. _____ Meses de asistencia parcial serán pagados como meses completos.
5. _____ Los exámenes de fin de semestre no serán ofrecidos si hay algún balance pendiente en la cuenta.
6. _____ Si la persona a cargo de la cuenta va a enviar un representante para cualquier gestión, debe autorizarlo por escrito.

Fecha

Firma de persona a cargo de la cuenta o representante autorizado por escrito

STUDENT HANDBOOK AND PROTOCOLS AGREEMENT FORM

I hereby certify that I have read completely and understood this Policy Handbook for Students and Parents of Academia Menonita, which includes the its fundamental bases, such as its Educational Philosophy, Creed, Declaration and Confession of Faith, and Mission. Also, I certify that I have discussed the same in its totality with my child. Also, I hereby also certify that I have received written orientation regarding:

1. Protocol for Medicine Administration
2. Protocol for Students who Suffer from Asthma
3. Protocol Against Bullying and Intimidation
4. Policy and Protocol Regarding Managing Cases in Conformity with Law 246
5. Policy and Protocol for Suicide Prevention

We agree with all of its dispositions. As parents and/or legal guardians, we are committed to comply with this Handbook and we will see to it that our child complies completely with it, therefore, signing freely, spontaneously, and voluntarily with ample knowledge of what we are doing.

Student's grade and group

Date

Student's signature

Student's name (print)

Mother's signature

Mother's name (print)

Father's signature

Father's name (print)

Legal Guardian's signature

Legal Guardian's name (print)

Legal Guardian's signature

Legal Guardian's name (print)

If someone other than the minor's parents has legal custody of him/her, they should sign in the corresponding spaces of legal guardian[s].

If the minor's parents are divorced: It is very important that both divorced parents, and their respective spouses (if any), seriously commits him/herself with the education and well-being of the student. Therefore, if both divorced parents reside in Puerto Rico, they should sign in the corresponding spaces. If the father or mother has remarried, the spouse must sign in the corresponding space (below).

Signature of Spouse of remarried father

Signature of Spouse of remarried mother

Print name

Print name

ACADEMIA MENONITA

Summit Hills

San Juan, Puerto Rico

HOJA DE COMPROMISO DEL REGLAMENTO Y PROTOCOLOS

Certifico haber leído completamente y comprendido este Reglamento General para Estudiantes y Padres de la Academia Menonita, que incluye las bases en las que se fundamenta, como su Filosofía Educativa, Credo, Declaración y Confesión de Fe y Misión. Además, certifico haber discutido el mismo con mi hijo en su totalidad. Certifico también haber recibido orientación escrita sobre:

1. Protocolo para la Administración de Medicamentos
2. Protocolo para Estudiantes que Padecen de Asma
3. Protocolo contra el Hostigamiento e Intimidación
4. Política y Protocolo sobre Manejo de Casos Conforme a la Ley 246
5. Política y Protocolo para la Prevención del Suicidio

Estamos de acuerdo con todas sus disposiciones. Como padres y/o encargados legales nos comprometemos a cumplir con este Reglamento y velaremos porque nuestro hijo cumpla cabalmente con el mismo, razón por la cual firmamos libre y voluntariamente y con pleno conocimiento de lo que estamos haciendo.

Grado y grupo del estudiante

Fecha

Firma del estudiante

Nombre del estudiante (letra de molde)

Firma de la madre

Nombre de la madre (letra de molde)

Firma del padre

Nombre del padre (letra de molde)

Firma del encargado legal

Nombre del encargado legal (letra de molde)

Firma de la encargada legal

Nombre de la encargada legal (letra de molde)

Si otra persona que no sea el padre o madre del menor posee la custodia legal de éste, debe firmar en los espacios correspondientes a encargado(a) legal.

Si los padres del menor están divorciados: Es de suma importancia que ambos padres divorciados, y sus respectivos cónyuges (de haberlos), se comprometan seriamente con la educación y bienestar del estudiante. Por lo tanto, si ambos padres divorciados residen en Puerto Rico, deben firmar en los espacios correspondientes. Si el padre o madre han contraído nupcias nuevamente, su esposo(a) debe firmar en el lugar correspondiente.

Esposa del padre (madrastra)

Esposo de la madre (padrastro)

Nombre en letra de molde

Nombre en letra de molde



Iglesia Evangélica Menonita
ACADEMIA MENONITA

URB. SUMMIT HILLS
1751 ASOMANTE STREET
SAN JUAN, PUERTO RICO 00920-4300
Church: (787) 707-0050 - School: (787) 783-1295 - Fax: (787) 783-1280
Email: information@acadmensj.org – Web: www.academiamenonitasj.org



PRESENT GRADE AND GROUP: _____

SCHOOL YEAR: _____

SOCIOECONOMIC STUDY FOR PRIVATE SCHOOLS

The purpose of this form is to collect the socioeconomic data of our students. This information allows us to comply with the licensing requirements and to request Title I and Title II federal funds. **The information that we require is confidential and will only be used in a general and statistic way.** Thank you for your cooperation.

1. State the **TOTAL NUMBER** of the members of your family: _____
2. State with who the minor lives: ___Mother ___Father ___Both Other: _____
Specify with who.
3. State the ages, grades, the town of birth, and the previous school of the minors.

Name of the Students	Age	Grade	Town of Birth	(X)Previous School	
				Public	Private

4. State the annual family income: _____
5. Basic Information of the parents: (please write the **highest academic grade obtained** and specify the type of occupation i.e.: sales, chef, teacher, etc.)

	Highest Academic Grade	Occupation
Father:		
	Highest Academic Grade	Occupation
Mother:		

6. Main family language: _____
7. Present town of residence: _____



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GRADO Y GRUPO ACTUAL: _____

AÑO ESCOLAR: _____

ESTUDIO SOCIOECONÓMICO PARA LAS ESCUELAS PRIVADAS

El propósito de este formulario es recopilar datos socioeconómicos de nuestros estudiantes. Esta información nos permite cumplir con requerimientos de licenciamiento y para solicitar fondos federales de Título I y Título II. **La información que solicitamos es confidencial y solamente será utilizada en forma general y estadística.** Gracias por su cooperación.

1. Indique el **NÚMERO TOTAL** de los miembros de su familia: _____
2. Indique con quién vive el menor: ___Madre ___Padre ___Ambos Otro: _____
Especifique con quién.

3. Indique las edades, los grados, el pueblo de nacimiento y la escuela de procedencia de los menores:

Nombre de los Estudiantes	Edad	Grado	Pueblo de Nacimiento	(X)Escuela de Procedencia	
				Pública	Privada

4. Indique ingreso familiar anual: _____
5. Información Básica de los padres:(favor de escribir el **grado más alto obtenido** en escolaridad y especifique el tipo de ocupación que tiene; ej: ventas, chef, maestro, etc.)

	Escolaridad	Ocupación
Padre:		
	Escolaridad	Ocupación
Madre:		

6. Idioma principal familiar: _____
7. Pueblo de residencia actual: _____

ACADEMIA MENONITA

EMERGENCY INFORMATION

20 - 20

Grade & Group

Please use black or blue ink to fill out this form. Any changes made during the year should be reported to the school.

Pupil's (2) Last Names (Surnames) _____, First Name _____ Middle Name _____ DOB (month/day/year) ____/____/____

Home Address _____ Zip Code _____ Home Phone # _____

Print Father's Name --not signature-- (por favor, letra de molde legible) _____

Print Mother's Name --not signature-- (por favor, letra de molde legible) _____

Work Phone # _____ Mobile Phone # (Cellphone) _____

Work Phone # _____ Mobile Phone # (Cellphone) _____

E-Mail _____

E-Mail _____

The parents are: married _____ divorced _____ separated _____ other _____ specify: _____

Paternal authority ("patria potestad") belongs to: both parents _____ mother _____ father _____ other _____ specify: _____

Legal custody ("custodia legal") belongs to: both parents _____ mother _____ father _____ other _____ specify: _____

Name and grade of any sibling, cousin, etc. who studies at Academia Menonita _____

Blood Type _____ Does your child have any history of illness that we should know about? Please specify _____

Is your child at present under medical treatment(s)? _____ For what reason(s)? _____

Medicine(s) taken for such treatment and dosis _____

Does your child have any allergies? Please specify. Include allergies to medications _____

Does your child have any physical handicap? Please specify. _____

Any other special health information that we should be aware of _____

My child may receive (please check ☒): Acetaminophen (Tylenol/Panadol) _____ Tums _____ Pepto-Bismol _____
Other: _____ during school hours when necessary from the school. (We DO NOT provide Aspirin.)

Student's doctor and phone number _____

In case of emergency and you cannot be reached by phone, what do you wish the school to do, and what hospital preference would you have? _____

Name of adults AUTHORIZED to pick up the student. (Please provide photograph with name written on back)

Mark with an "X" in the space provided those to be called in case of emergency, if parents cannot be reached.

Name _____

Relation _____

Phone _____

Call this person in case of emergency _____

PICTURE

Name _____

Relation _____

Phone _____

Call this person in case of emergency _____

PICTURE

PICTURE

CONTINUATION - Name of adults **AUTHORIZED** to pick up the student. (Please provide photograph with name written on back)

Mark with an “X” in the space provided those to be called in case of emergency, if parents cannot be reached.

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Signature of Father (or guardian)

Signature of Mother (or guardian)

Name of the adults who are NOT AUTHORIZED to pick up the student. (Please provide photograph with name written on back)
(To unauthorize a parent, there must be an official court order stating it.)

Name _____	PICTURE
Relation _____	
Phone _____	

Name _____	PICTURE
Relation _____	
Phone _____	



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rev. 11/17

Medical Examination

Student's name: _____
First Surname (primer apellido) Second Surname (segundo apellido) Name

Date of Birth: _____ Gender: _____ Blood type: _____
month/day/year M or F

Student's Medical History

	No	Yes		No	Yes		No	Yes		No	Yes
Tumors	☐	☐	Eye/Sight illness	☐	☐	Asthma	☐	☐	Meningitis	☐	☐
Hernia	☐	☐	Deafness	☐	☐	Short of breath	☐	☐	Kidney illness	☐	☐
Diphtheria	☐	☐	Ear-nose-throat illness	☐	☐	Severe headaches	☐	☐	Diabetes	☐	☐
Rheumatic Fever	☐	☐	Sinusitis	☐	☐	Dizziness/Imbalance	☐	☐	Hypoglycemia	☐	☐
Heart illness	☐	☐	Allergies	☐	☐	Seizures	☐	☐	Hemophilia	☐	☐
Stomach illness	☐	☐	Frequent colds	☐	☐	Epilepsy	☐	☐	Encopresis	☐	☐
			Genitourinary illness	☐	☐	Thyroids	☐	☐	Enuresis	☐	☐

Specify any other illnesses or conditions, present or past (if allergic, to what?), actual medical treatments/medications:

Surgical history (type and date): _____

Physical Examination

Sight: see enclosed form

Illness evidences:

	No	Yes	Observations
Head/Neck	☐	☐	_____
Mouth	☐	☐	_____
Ear-nose-throat	☐	☐	_____
Speech Difficulty	☐	☐	_____
Chest and Lungs	☐	☐	_____
Heart	☐	☐	_____
Extremities	☐	☐	_____
Hernia	☐	☐	_____
Skin	☐	☐	_____
Scars (specify)	☐	☐	_____
Prosthesis	☐	☐	_____

Required clearance for physical activity

☐ ☐ Is the student apt to perform the normal physical activity of a Physical Education class?
☐ ☐ Is the student apt to perform the rigorous exercise and training required in sport teams?

General observations: _____

Doctor's signature _____ Doctor's name _____

License number _____ Address _____

Examination date _____

Student's Name: _____ Grade: _____

EYESIGHT TEST

Visual accuracy:	Without Rx	Rx
Right eye	20/ _____	20/ _____
Left eye	20/ _____	20/ _____
Both eyes	20/ _____	20/ _____

Color vision: _____ Normal _____ Deficient

Visual field: _____ Normal _____ Restricted

The evaluated student _____ requires or _____ does not require the use of glasses or contact lenses.

Observations:

Name of Professional Evaluator

Signature of Professional Evaluator

License number:

Date of Evaluation

****Please include official office seal or presentation card****

**DOCTOR OR OFFICE
OFFICIAL SEAL**

NOTE: This test can be performed by any medical doctor.



PO Box 70184
San Juan, Puerto Rico 00936
www.salud.gov.pr



CERTIFICADO DE EXAMEN ORAL

Nombre del menor Apellido Paterno Apellido Materno Nombre Inicial		Sexo F M	Edad	Grado que cursa
Dirección física		Dirección postal		Teléfonos () ()
Nombre del padre, madre o encargado			Relación con el menor	
EXAMEN ORAL				
☐ SE REALIZÓ EVALUACIÓN ORAL Fecha: Día / Mes / Año ☐ Se ofreció orientación de prevención e higiene ☐ Se refirió al paciente para tratamiento		RECOMENDACIONES : ☐ Cuidado dental regular de rutina ☐ Necesita tratamiento dental adicional al de rutina ☐ URGENTE		
CERTIFICACIÓN DEL PROVEEDOR Certifico haber provisto las recomendaciones y servicios arriba indicados				
Nombre del dentista		Número de licencia		
Dirección del dentista		Teléfonos () ()		
Firma		Fecha Día / Mes / Año		



COALICIÓN DE SALUD ORAL
DE PUERTO RICO

LISTADO DE PSICÓLOGOS Y OTROS PROFESIONALES DE LA SALUD

Dra. Lorraine Pieraldi Matos

Centro Internacional de Mercadeo
Torre 1 Suite 401
Guaynabo, PR
Tel. (787) 460-3031

Dra. Jessibel M. Díaz Ruiz, M.A

Edf. Piñero #20 Piso 2 Suite 201
Guaynabo, PR 00969
Tel. (787) 702-1657

**Centro de Reconciliación y Mediación
Familiar Menonita**

Urb. Summit Hills
1751 Calle Asomante
San Juan, PR 00920
Tel. (787) 707-0050
Horario a llamar:
Martes 5:00pm-9:00pm
Sábados 9:00am-5:00pm

Intituto Psico-Educativo de San Juan

Psicóloga Escolar y Terapeuta Ocupacional
Mariela Sandoval Señeriz
1899 Calle Glasgow
San Juan, PR 00921-4820
Tel. (787) 758-5691

El Compañero de Emaús, Servicios Psicológicos

Sector La Marina, Camino Los Figueroa #2
Cupey, San Juan, P. R. 00926
Tel. (787) 532-3549

Astrid N. Gandarilla Torres

Psicóloga
Edificio Galería Médica Suite 204
Calle Santa Cruz #64 (altos de Subway)
Bayamón, PR 00961
Tel. (787) 533-3996
Email: agandarilla2017@gmail.com
(cerca del Hospital San Pablo)

Dra. Carenin Cordero, Psy.D. Lic. #1808

Centro Internacional de Mercadeo,
Torre #1 Suite 401
Guaynabo, PR
Tel. (787) 607-7092

Alexander Guadalupe, Consejero Psicológico

Calle Isabel La Católica #265
Hato Rey, PR
Tel. (787) 449-5514 /fb.com/AGCLifeHacks
www.agcounseling.com /info@agcounseling.com

María Negrón Morales, PSyD.

Avenida Comerío Z-A 28 Riverview,
Bayamón, Puerto Rico
Horario: L/S 8:00am-5:00pm
Tel. (787) 312-7414

MINDS (Mental & Behavioral Center, PSC)

Corporate Office Park (Marginal Martinez Nadal)

Dra. Vimary Rodríguez Ferrer

ASG Building Suite 301
Guaynabo, PR 00966
Tel. (787) 800-9294

Psycomax, Servicios Psicológicos**Andrés R. Andino Serrano**

Urb. Hyde Park 265 Isabel La Católica
Hato Rey, PR 00918
Tel. (787) 220-1272

Dra. Melanie de la Torre Losternau

Psicóloga Clínica #23 Calle Betances
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dramelanielatorre@gmail.com
PSYCHE Centro de Apoyo Psicológico

Erika M. Vélez Esquilin

Psicóloga - Lic. 3174
Tel. (939) 630-3602

Sheila Marrero Nieves

Psicóloga - Lic. 3122
(787) 930-7686
Email: Sheila.psyche@gmail.com

Dr. Eric M. Martínez Colón

Psiquiatra de Niños y Adolescentes
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Bayamón, PR 00961
Tel. (787) 798-8218
Fax. (787) 998-2862

Neurología Integra

Edificio Médico Santa Cruz, Suite 208,
#73 Calle Santa Cruz, Bayamón
Frente a San Pablo
Tels. (787) 981-7778 / (787) 946-4413
www.neurointegrapr.com

María G. Balaguer

Psicóloga Educativa Escolar M.A.
Tel. (787) 525-4953

Dra. Elixmahir Dávila Marrero

Neuropsicóloga
(787) 354-6300
(Frente al Santa Rosa Mall)

VISUAL FUNCTION EXAM

**Inter American University of PR
School of Optometry**

500 Dr. John Will Harris
Bayamón, PR 00957
Tel. (787) 765-1915 Ext. 1100
www.optonet.inter.edu

VISUAL FUNCTION EXAM

Dr. Magda De Pool Figueroa, Lic.13459

Pediatric Ophthalmologist
Eye MD Associates
Carimed Plaza
B1 Calle Santa Cruz, Suite 502
Bayamón, PR 00961
Tels. (787) 785-6410/(787) 785-6463/(787) 779-7654

Dra. Glory Ann Franco Yambó

Psiquiatra de Niños y Adolescentes
Edificio Galería Médica Suite 204
Calle Santa Cruz #64 (altos de Subway)
Bayamón, PR 00961
Tel. (787) 798-8218

Dr. Edgar A. Solís, MD, Neurólogo Pediátrico

Carimed Plaza, Calle Santa Cruz B1
Oficina 409, Bayamón, PR
Tel. (787) 288-8147/(787) 200-0721

Emergencias: (787) 774-7506

Hospital Hima Caguas, PR

Tel. (787) 653-3434 Ext. 1726

Dr. Carlos Barreto Miranda

Neurólogo
Edif. Médico Hermanas Dávila
Calle J Esq. Calle B Oficina 204
Hermanas Dávila, Bayamón PR
Tel. (787) 780-6866/(787) 780-3893 Fax (787) 786-5013

VISUAL FUNCTION EXAM

Optómetras Picó, Tort y Gorbea

Ext. Villa Rica J12A Calle 2
Bayamón, PR 00959-5077
Tel. (787) 780-0677
www.visionfuncionalpr.com