

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 & (787) 507-4147 Email: information@acadmensj.org — Web: www.academiamenonitasj.org Place picture

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 Handbook Agreement Videoconference Agreement Emergency Card Recent photographs (2) Initial Fee -Date Phys.Facil. Fee-Date Payment Agreement	-FOR USE OF ADMINISTRATIVE OFFICE- —HomeDay CarePPK/PK Left-handedRight-handed Eyeglasses Official Complete Transcripts Conduct LetterCredit LetterTeacher Recommendation Letters (2) Psychometric Evaluation Original P-VAC-3Copy Birth CertificateHealth Certificate (grds K,2,4,6,8,10)Socioeconomic Study	New family Previous family Present family New student is sibling of present student. -FOR USE OF DIRECTOR- Accepted Not accepted By: Date:
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STUDENT ADMISSION APPLICATION

(Please print clearly)

	(Fieus	se prim dearry)			
Date of application:	School Year applied for:		Grad	Grade applied for:	
Name:					
(First Surname)	(Second Surna	me)	(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:			Zi	o Code	
Mailing Address:			Zi	p Code	
Person in charge of account:	Relationship:				
Mailing Address of said person:			Zi	p 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:			_lf guardian, relationship	<u>. </u>	
Home Telephone:	Cellular phone:		E-mail:		
Birthplace:		Language Spoken:			
Education:		Occupation:			
Employer:		Position:			
Address:		Office Telephone:			

Mari	tal Status of Parents: Married () Separated () Divorced () Widow(er) ()
Stude	ent lives with: Both parents () Mother () Father () Grandparents () Other ():
If stu	dent lives with stepparents, grandparents, or other, please state:
	Name(s): Relation:
Relig	ious Denomination(s): Protestant () Which? Catholic () Jewish () None () Other () Which?
Nam	e of Church or Synagogue:Address:
Atten	adance: Regularly () Sometimes () Never ()
Child	ren in family (please include applicant, too):
	Name Age Present Grade Present School
	Are you a former student? Yes () (Years attended:) No ()
1. 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).
NOT Mend	Has your child been asked to leave any previous school due to discipline or failing grades? Yes () No () Has your child ever repeated a school year? Yes () (grade:) No () EASE READ THE FOLLOWING INFORMATION. THIS APPLICATION IS NOT VALID UNLESS MPLETED, ACCEPTED (INITIALIZED) AND SIGNED. E: Incorrect or deleted information may invalidate this application form, any previous acceptance notice, or registration in Academic conita. (Información incorrecta u omitida puede invalidar esta solicitud, cualquier nota de aceptación o la matrícula en la Academia Menonita.) 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. <u>I also agree</u> to follow the traffic pattern established by Academia Menonita in order to alleviate traffic congestion in the morning and in the afternoon. <u>I understand</u> that <u>I COULD LOSE THE RIGHT FOR MY CHILD TO ATTEND ACADEMIA MENONITA IF I DO NOT COOPERATE WITH THE NEIGHBORS</u> 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 <u>PODRÍA PERDER EL DERECHO QUE TIENE MI HIJO DE ASISTIR A LA ACADEMIA MENONITA SI NO COOPERO CON LOS VECINOS</u> en estos requerimientos.)
	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. 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
(Initials)	diferentes medios de comunicación de la Academia y sus páginas Web, preservando el respeto y buen nombre de ellos.) 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