



**Thomassin 28, Impasse Décidé #2
Port-au-Prince, Haïti
(509) 3706-7000 / (509) 3713-7000**

Application for Admission

A General Information

Applicant's Name _____
(As shown on passport) Last Name First Name Middle

Age _____ Date of Birth _____ Place of Birth _____

Grade/Year requested _____ Sex _____ M _____ F Expected arrival in Haiti _____

Permanent Address _____

Primary Language _____ Nationality _____

Mother's Name _____
(As shown on passport) Last Name First Name

Nationality _____ Primary Language _____

Occupation _____ Title _____ Self Employed _____

Name of Business _____ Type of Business _____

Email Address _____ Cell Number _____

Father's Name _____
(As shown on passport) Last Name First Name

Nationality _____ Primary Language _____

Occupation _____ Title _____ Self Employed _____

Name of Business _____ Type of Business _____

Email Address _____ Cell Number _____

Local _____ International _____ Alumni _____

B Educational Information

1. Last two (2) schools attended (in chronological order)

School 1 _____	School 2 _____
Country _____	_____
Dates Attended _____	_____
Last Grades Completed _____	_____

2. Has the student ever repeated a year? ____ Yes ____ No If yes, which year? _____

3. Has the student ever been expelled or suspended from school? ____ Yes ____ No If yes, please explain

4. Does your child have special needs? ____ Yes ____ No
Does the student have any special educational/psychological reports? ____ Yes ____ No
(Please note that a copy of these reports must be included with this application form to determine program suitability.)

5. Has this student:

Studied French? ____ Yes ____ No If so, Where? _____ for how many years? _____

Received ESL services? ____ Yes ____ No If so, where? _____

Had remedial help in reading? ____ Yes ____ No

Had remedial help in mathematics? ____ Yes ____ No

Received/or is receiving special education services? ____ Yes ____ No If yes, list subject areas. _____

Qualified for gifted, enrichment, or advanced placement programs?
____ Yes ____ No If yes, list subject areas. _____

6. Which languages can student with reasonable fluency understand, speak, read, write?

Languages	Understands	Speaks	Reads	Writes
English				
French				
Spanish				

C Other Information

1. With Whom will the student be living? _____
Relationship to Student _____ Cell Number _____

2. If parents are divorced/deceased, who has legal custody? _____

3. Emergency Contact Person _____
Relationship to Student _____ Cell Number _____

D Admissions Committee Guidelines

1. The Admissions School Committee shall evaluate all applications for admission to the school.
2. The Admissions School Committee at its sole discretion reserves the right to refuse to admit any student to the school whom it regards as unable to benefit from the school curriculum and programs.
3. The School Committee at its sole discretion reserves the right to refuse to admit any student whose admission would have the effect of making the number of students in the class applied for above the maximum number designated by school policy.
4. Recommendations for withdrawal will be made by the Administration. The Administration reserves the right to recommend to the school committee for a student to withdraw from the school in the event that it regards the student is unable to benefit from the school curriculum and programs or if his/her overall conduct and/or academic progress is determined to be unsatisfactory.
5. The School Committee shall first consider the academic suitability of the applicant (including but not limited to examination results or tests given by the school and evaluation of academic records), the qualities and attributes of the applicant and his or her potential for contribution to the general life of the school, and shall then give priority to the following:
 - a. Brother/sister of present student
 - b. Child of past student
 - c. Brother/sister of past student

Within each category of priority an earlier application is to receive priority over a later application. Past conduct of the applicant shall be considered and may be grounds for refusal of admission.

6. Compliance with the rules of the School and payment of school fees in accordance with school policy and support of the philosophy and regulations of the School is a condition of the student's admission and continued education at the School.

The School Committee/Administration at their sole discretion reserves the right to recommend a student for withdrawal if he/she fails to comply with the school rules, or the school philosophy or whose behavior is or may be detrimental to the school community or whose parents or guardian fail to comply with or disagree with the school rules or philosophy or whose behavior is or may be detrimental to the school community.

Print Parent Name

Signature

FOR OFFICE USE ONLY

Date Received: _____ Received by: _____ Date of Testing: _____

Application Fee Receipt #: _____ Amount: _____

Local _____ International _____ Alumni _____

Comments: _____

E Health Office Information

1. Student's Name _____ Grade _____ Date of Birth _____

Father's Name _____ Cellular _____

Mother's Name _____ Cellular _____

2. In case of an Emergency, please provide the Name and Phone Number of a Relative, Neighbor, Friend.

Name: _____ Cellular _____

Relationship to the child _____

3. Siblings in **New Life Christian Academy**:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

4. Name of child's personal physician _____

Clinic _____ Tel: _____

5. Please check any of the following conditions which currently affect your child:

Diabetes Kidney/Bladder Liver/Spleen Heart Problem

Seizures Vision Problem Eye Glasses Hearing Problems

Depression/Stress Orthopedic/Bone Other _____

Asthma (Severe Mild) Caused by _____ Name of Meds _____

Allergies caused by _____

6. Is the student medicated on a regular basis? yes no If yes, please provide us with the following information.

Reason for: _____

Name of medication _____ Dosage: _____

How long has the student been on this medication? _____

*Students requiring medication at school **MUST** have a written physician's order as well as a parents' note and written consent addressed to the school nurse who shall be the sole person to administer all medications.

** The Health Office must sometimes share serious health information with your student's teachers and other school staff. If you do NOT want information shared, please contact us directly @ 509-3713-7000.

Permission to administer the following medication to your child/children:

Tylenol yes no

Advil yes no

Antacid yes no

Signature of Parent or Guardian _____ Date _____

All immunization records must be current with the name of the inoculation and date administered.