



ENROLLMENT FORM

info@educartecostarica.com • 2653-5001 📞 6219-3160

Date of entry: _____

Grado terminado: _____

First name: _____ Middle name _____

Last name: _____ Second last name: _____

Place of birth (country and city): _____

Student passport or id number (mandatory): _____

Birth date: Day _____ Month _____ Year _____ Age: _____

Nationality: _____ Sex: M _____ F _____

Main language used by student and family: _____

Spanish Level: Beginner Conversational Fluid Native

English Level: Beginner Conversational Fluid Native

Religion to which student belongs: _____ practicing non practicing

Present grade level: _____ Prior Institution: _____

Family Group: Father _____ Mother _____ Brothers (#) _____ Sisters (#) _____

Parents Marital Status: Married Divorced Free Union Widowed Separated

The student lives with: _____

Home Address where the student lives: _____

Practice some sports: Yes No (specify) _____

Practice some sports: Yes No (specify) _____

Play an instrument: Yes No (specify) _____

Hobbies: (specify) _____

Does your child present emotional or learning difficulties? Yes No

If your answer is positive, please explain _____

Information about physical and health conditions, food restrictions, medications etc.

Other information that you consider relevant for the school and teacher to know:



ENROLLMENT FORM

info@educartecostarica.com • 2653-5001 📞 6219-3160

IMAGE RIGHTS

Can Educarte take pictures/video of the student for facebook, the web page or any other social/promotional pages or newspapers? Yes _____ No _____

Comments: _____

Signature _____

PARENTS INFORMATION

PADRE

First Name: _____ Middle Name: _____

First Last Name: _____ Second Last Name: _____

Passport or id : _____

Place and date of birth: _____

Nationality: _____

Religion: _____ Profession: _____

Name and place of work: _____

Level of Education _____

Present address: _____

Work telephone: _____ Home phone: _____

Cellular: _____ Whatsapp : _____

E-mail: _____

MADRE

First Name: _____ Middle Name: _____

First Last Name: _____ Second Last Name: _____

Passport or id : _____

Place and date of birth: _____

Nationality: _____

Religion: _____ Profession: _____

Name and place of work: _____

Level of Education _____

Present address: _____

Work telephone: _____ Home phone: _____

Cellular: _____ Whatsapp : _____

E-mail: _____



ENROLLMENT FORM

info@educartecostarica.com • 2653-5001  6219-3160

IN CASE OF EMERGENCY

Family:

1. _____ Phone

2. _____ Phone

Friends:

3. _____ Phone

4. _____ Phone

Date _____

Signature _____