



# COLEGIO INTERNACIONAL PUERTO LA CRUZ

MUN 6111,2250 NW 114th Ave. Suite 1N- Miami Fl. 33172 USA  
Phone (+58281) 277-6051 Fax (+58281) 2741134



## Admission Form

(Please type or print)

### Student Information

Name \_\_\_\_\_  
*Last First Middle*

Birth date     /     /     Age     Sex  M  F Applicant for Grade \_\_\_\_\_  
*mm dd year*

Country and City of Birth \_\_\_\_\_

Passport/ID Number \_\_\_\_\_ Other passport held: \_\_\_\_\_

Anticipated start date     /     /     Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
*mm dd year*

Siblings \_\_\_\_\_  
*name age name age name age*

Local Address \_\_\_\_\_

Current Address (If Different) \_\_\_\_\_

### Parent/Guardian

Father's Name _____
Citizenship _____
Company _____
Position _____
Work Address _____
Work Phone _____
E-mail _____
Cell Phone _____

Mother's Name _____
Citizenship _____
Company _____
Position _____
Work Address _____
Work Phone _____
E-mail _____
Cell Phone _____

Responsibility for Tuition Payment:  Individual  Corporate  
(Letter of responsibility required)

Are you interested in using school transportation services? Yes No

For Office use	Admin Status	A	WL	D	Grade Assigned	_____
First Day of School	All Requirements Met:	YES	NO			



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**Admission Form (Continued)**

***Educational Background***

SCHOOLS ATTENDED (most recent in line 1)

1.- Name of School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Attendance Dates From \_\_\_\_\_ To \_\_\_\_\_ Grade \_\_\_\_\_  
mm dd year mm dd year

2.- Name of School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Attendance Dates From \_\_\_\_\_ To \_\_\_\_\_ Grade \_\_\_\_\_  
mm dd year mm dd year

Has your child taken part in any special programs (Special Ed., Gifted/Talented, ESL, etc.) \_\_\_\_\_

Emergency Contact 1\* \_\_\_\_\_

Name Phone

Emergency Contact 2\* \_\_\_\_\_

(\*e.g. Family, friends, etc.) Name Phone

*I understand any acceptance of my child is conditional until ALL admission process requirements have been met, requested documents have been received, and initial screening process completed.*

*I realize that the registration process is not complete and my child cannot attend classes until all applicable fees are paid or commitment letters have been duly provided.*

*I authorize the school to use pictures taken in school to produce web pages, school presentations, articles or similar. (CIPLC ensures that the safety of our students is our highest priority, no personal information will be made public).*

\_\_\_\_\_  
**Father Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother Signature**