



Application for Admission

1st -10th Grade

CHECKLIST

Thank you for considering San Juan del Sur Day School for your child! Below is a checklist to assist you in completing the application process. Please note that one application is required per child. To apply, please submit the following information/documents:

1. Application forms below which include general information regarding family and applicant, principal or counselor recommendation, and teacher recommendation
2. Copy of applicant's transcripts or report cards from previous school (if applicable)
3. Copy of applicant's birth certificate or passport
4. Copy of parents' passports or cedula in case of Nicaraguan residency
5. Child's health record (vaccines, allergies and exposure plan, etc)
6. Copy of previous Independent Education Plans (IEP's) if applicable and other recommendations from service providers (OT/PT, etc)
7. Traslado if child previously attended a different school in Nicaragua

An interview with the school director is required, as is a drop-in day so that teachers may evaluate applicant. A placement exam may be administered to determine the student's level of ability in English. Entrance to grade level will be determined by a combination of birth date, application information, and teacher and director assessment of developmental appropriateness. Admission is rolling, however, preference may be given to siblings of students already enrolled with San Juan del Sur Day School and to families with a long-term commitment to San Juan del Sur. Please note that incomplete application forms will not be considered.

APPLICANT

Applicant's Name _____ Nickname _____

Birth Date _____ / _____ / _____ Gender _____
Month Day Year

Present School (if any) _____ Present Grade _____

Present School Address _____

Country of Origin _____ Child's Primary Language _____

Additional Languages Spoken _____

Race/Ethnicity (optional – please check all that apply)

- African American Asian American Caucasian Hispanic/Latino
 Middle Eastern Native American Pacific Islander Other _____

PARENTS/GUARDIANS

PARENT/GUARDIAN NAME

Mr. Ms. Mrs. Dr. Rev. (please circle)

Name _____
First middle last

Cedula Number _____

(if you do not have a Nicaraguan cedula, please include passport number and country)

Home address _____

Phone _____

Email _____

Preferred method of contact _____

Occupation _____

Country of Origin _____

Primary language spoken _____

PARENT/GUARDIAN NAME

Mr. Ms. Mrs. Dr. Rev. (please circle)

Name _____
First middle last

Cedula Number _____

(if you do not have a Nicaraguan cedula, please include passport number and country)

Home address _____

Phone _____

Email _____

Preferred method of contact _____

Occupation _____

Country of Origin _____

Primary language spoken _____

Secondary language spoken _____ Secondary language spoken _____

Please note if parents are separated, divorced, or if either is deceased _____

Who has legal custody of the applicant? _____

With whom does applicant live? _____

Who is responsible for financial obligations? _____

Do you plan to apply for need-based tuition assistance? Yes No

Please note length of time child has resided in San Juan del Sur to date _____

Please note length of time child/family intends to remain in San Juan del Sur _____

Desired date of enrollment _____

Intended length of enrollment _____

FAMILY

Applicant's Siblings

Name _____ date of birth _____ school _____ grade _____

Name _____ date of birth _____ school _____ grade _____

Name _____ date of birth _____ school _____ grade _____

Applicant's Grandparents

Maternal _____

Phone _____ Email _____

Paternal _____

Phone _____ Email _____

Additional Family Members/Guardians Actively Involved in Child's Life

GENERAL

Has this applicant applied to or attended SJdS Day School before? _____

Please describe briefly any particular circumstances regarding the applicant's performance in school (e.g. health, learning style, frequent change of schools, skipped or repeated grades). Please include dates. _____

Has the child had a speech/language, PT/OT evaluation or intervention? _____

Does the applicant have on file an accommodation plan, 504 Plan, or IEP? _____
(If yes, a copy must be submitted with application)

Has the child had a vision or hearing screening? Please note date of most recent screening below. Does your child wear glasses or contacts? Does your child use a hearing aid? _____

Does your child have any allergies (food, medications, airborne, etc)? If so, please include a medical plan in case of exposure. _____

Does your child take prescription medication on a regular basis? Will the school need to administer any medications during school hours? _____

Has the applicant been found responsible for a disciplinary violation at any educational institution that resulted in probation, suspension, removal, dismissal, or expulsion? _____

Has the applicant been referred for or undergone an educational or psychological evaluation in the last five years? _____

Describe any physical, emotional, or mental condition of which the school should be aware. _____

Parents' assessment of applicant's level of English:

Speaking: Advanced Intermediate Beginner None
Reading: Advanced Intermediate Beginner None
Writing: Advanced Intermediate Beginner None

San Juan del Sur Day School is not only a place for your children to receive a rich and meaningful education, but also a community of families. San Juan del Sur Day School and the associated PTO provide a useful framework for promoting and nurturing a group of involved and active parents. Please indicate two projects that you would like to be involved in upon joining the SJdS Day School community:

- Capital Campaign Fundraising
- PTO Fundraising
- Annual Show Organization
- Room Parent
- Graduation Organization
- Halloween Haunted House
- Field Trips
- Enrichment Activities

The information contained in this application is true and accurate to the best of my knowledge. If the answer to any question is later rendered incorrect by subsequent events, I agree to immediately notify the Admission Office in writing. I understand that any falsification/omission on the application will disqualify my child from further admission consideration or withdrawal of any offer of admission and possible tuition assistance.

Parent or Guardian Signature _____ Date _____

San Juan del Sur Day School admits students without regard to race, color, creed, gender, and national or ethnic origin to all rights and privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, creed, gender, and national or ethnic origin in the administration of its educational policies, admission policies, financial aid and loan programs, employment practices, athletic, or other School administered programs.

PRINCIPAL OR COUNSELOR RECOMMENDATIONS

Applicant's Name: _____ Applying for grade: _____

Instructions for Parent/Guardian: Please ask that the person completing this form email his/her responses to Assistant Director, Sarah Fahey at sarah@sanjuandelsurdayschool.com. Information on this form will not be shared with the applicant or his or her family.

Instructions for the Principal/Counselor: The above student is an applicant for admission to San Juan del Sur Day School. To help the Admission Committee fairly appraise this student, we ask that you complete and return both sections of this recommendation form. Be assured that any information you provide will be kept strictly confidential. Thank you for your assistance.

STUDENT/SCHOOL RELATIONSHIP

How long has the student attended your school? _____

Ability to get along with others: Excellent Average Poor

Willingness to follow school rules: Excellent Average Poor

Has this student ever had a discipline problem? _____ If yes, please explain: _____

Has this student ever been suspended or expelled? _____ If yes, please explain: _____

Please add any comments about this student that you feel would be useful as we consider his/her application: _____

In general, how would you rate this candidate's prospects for success at San Juan del Sur Day School?

Academic: Excellent Average Poor

Social: Excellent Average Poor

PARENT/SCHOOL RELATIONSHIP

Parents/guardians are an important part of our school community. Please provide us with your thoughts regarding the involvement of this student's family in your school:

Are you aware of any family circumstances that affect this student at school?

Additional comments:

Please check this box if there is additional information you wish to share with a member of the admission staff that is not indicated on this form:

Name _____ Title _____

School _____

Phone Number _____ Email _____

Signature _____ Date _____

TEACHER RECOMMENDATIONS

Applicant's Name: _____ Applying for grade: _____

Instructions for Parent/Guardian: Please ask that the person completing this form email his/her responses to Assistant Director, Sarah Fahey at sarah@sanjuandelsurdayschool.com. Information on this form will not be shared with the applicant or his or her family.

Instructions for the Principal/Counselor: The above student is an applicant for admission to San Juan del Sur Day School. To help the Admission Committee fairly appraise this student, we ask that you complete and return this recommendation form. Be assured that any information you provide will be kept strictly confidential. Thank you for your assistance.

SECTION A

Please check as appropriate	Always	Usually	Seldom	Comments
Social Development				
Able to develop friendships				
Is supportive of peers				
Is comfortable with adults				
Plays alone happily				
Cooperates in play				
Shares well				
Initiates play activities				
Demonstrates use of imagination				
Has the capacity to lead				
Has the capacity to follow				
Uses materials purposefully				
Skill development				
Is attentive				
Listens in a group				
Follows directions				
Completes tasks				
Able to focus on one task				
Respects classroom routine				
Moves easily from one activity to another				

Is willing to try new activities				
Is a self starter				
Enjoys new challenges				
Exhibits problem-solving abilities				
Expresses ideas well				
Responds positively to criticism				
Exhibits age appropriate math skills				
Exhibits age appropriate reading skills				

On a separate sheet, please identify any special needs, including auditory, visual, and/or physical developments, and provide any other pertinent information you feel would guide us in making an admission decision.

SECTION B

Please check as appropriate	Above Average	Average	Below Average	Comments
Language Development				
Writing mechanics				
Writing style				
Writing content				
Reading comprehension				
Intellectual curiosity				
Potential				
Attitude				
Class participation				
Achievement				
Mathematics				
Computation				
Concepts				
Personality				
Sense of humor				
Reaction to criticism				
Self-confidence				
Concern for others				
Reaction to setbacks				

Standards of personal conduct				
Standards of personal integrity				
General emotional stability				
Self-discipline				
Initiative and drive				
General level of maturity				

SECTION C

Please check as appropriate	Yes	No	Comments
Exhibits typical level of activity			
Has an age appropriate attention span			
Appears to have developmental lags			

Please assess the applicant's level of English:

Speaking: Advanced Intermediate Beginner None

Reading: Advanced Intermediate Beginner None

Writing: Advanced Intermediate Beginner None

Please tell us anything else about this applicant that will help us to understand him or her as a student and a person. Thank you for your cooperation. _____

I recommend this application for admission to San Juan del Sur Day School:

Enthusiastically Fairly Strongly With reservations Not recommended

Please check this box if there is additional information you wish to share with a member of the admission staff that is not indicated on this form:

Name _____ Title _____

School _____

Phone Number _____ Email _____

Signature _____ Date _____