

APPLICANT NAME:



Curaçao **A**merican **P**reparatory **S**chool

Application Documentation

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APPLICATION PROCEDURE

The following steps are necessary for the applicant to be considered for admission:

1. Return of the enclosed forms fully completed
2. Copy of passport or ID of applicant
3. Copy of any previous school reports
4. Copy of any IEP or psychological testing
5. Academic placement testing for grade 1 and higher
6. Interview with parents and child prior to beginning of school if necessary
7. Payment contract returned signed and completed

Application for Admission

Ensure that all sections have been completed, along with an attached photo. Please write as clearly as possible.

Medical Section

Ensure that all sections have been completed, along with a copy of any medical records such as vaccination history. Please write as clearly as possible.

Confidentiality Release

Ensure that all sections have been completed by circling the relevant answer. Please write as clearly as possible.

APPLICATION FOR ADMISSION

Attach passport
sized photo of
applicant here

GENERAL INFORMATION

Applicant Name: _____

Place and date of Birth (day/month/year): _____ / _____ / _____

Sex: MALE / FEMALE (circle)

Nationality: _____

For School year: _____

Present Age: _____

Grade Applied For: _____

Expected start date: _____

FAMILY INFORMATION

	Mother	Father
Full Name	_____	_____
Employer	_____	_____
Function	_____	_____
Nationality	_____	_____
Tel. Cellular	_____	_____
Tel. Work	_____	_____
Tel. Home	_____	_____
Email	_____	_____
Home Address	_____	

Please circle correct information:

Applicant lives with: Both Parents / Father Only / Mother Only / Legal Guardian

Home conditions: Marriage / Divorce / Separation / Adoption / Legal Guardian / Living Together

Names and ages of any brothers/sisters: _____

How did you first hear about CAPS?: _____

EDUCATIONAL INFORMATION

Full name and address of last school attended: _____

Date of transfer from previous school: _____ Grade completed: _____

Language of instruction: _____

Has the student always been in a standard program? (circle) YES NO

If no, please explain the type of program: _____

How long has he/she been in the program? _____

Has the student ever repeated a year? (circle) YES NO If yes, which year? _____

Which are the student's strong subjects? _____

Which are the student's weak subjects? _____

Does the student have any Individualized Education Program (IEP) reports? (circle) YES* NO

Does the student have any special education/psychological reports? (circle) YES* NO
(* please submit with application)

Please circle:

Applicant level of English Beginner Intermediate Conversational Fluent

Applicant level of Spanish Beginner Intermediate Conversational Fluent

Applicant level of Dutch Beginner Intermediate Conversational Fluent

Other Languages/Level Spoken: _____

Language(s) generally spoken at home: _____

Are there any factors CAPS should be aware of in order to provide the best possible education for your child? _____

MEDICAL SECTION

STUDENT INFORMATION

Student Name: _____

Date of Birth (day/month/year): ____/____/____ Sex: MALE / FEMALE (circle)

Other emergency contact (circle): Relative / Friend / Neighbor / Colleague / Other: _____

Name: _____

Address: _____

Home phone _____ Cellular phone: _____

Physicians Name: _____ Phone number: _____

MEDICAL HISTORY AND INFORMATION – Circle Answers

Does your child have any allergies (circle): YES NO

If yes, please explain and include treatment: _____

The school may give paracetamol to my child (circle): YES NO

Has your child ever had an operation: YES NO

Please explain and give date(s): _____

Has your child ever had a serious injury in the past 2 years?: YES NO

Please explain and give date(s): _____

Is your child currently receiving medical treatment?: YES NO

Please explain medicine and dosage: _____

Does your child have any specific dietary needs?: YES NO

Please explain: _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES?

Disease / Condition	Date
Measles	
Asthma	
Cardiac Murmur / Rheumatic Fever	
Diabetes	
Encephalitis	
Head Injury / Concussion	
Intestinal Parasites	
Malaria	
Nephritis	
Tuberculosis	
Ulcer	
ADD/ADHD	
Whooping Cough	
German Measles	
Hepatitis	
Scarlet Fever	
Mumps	
Chicken Pox	
Diphtheria	
Convulsions	
Measles	
Frequent Headaches	
Frequent Earaches	

In case of an accident or emergency, I authorize the school to use its judgement if no authorized person (parent or emergency contact) can be reached.

In case of an accident or emergency, I authorize the school to take the child to hospital if necessary. All related medical costs are not the responsibility of the school and are the responsibility of the parents/guardian. The school will contact an authorized person immediately for all serious incidents.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date (day/month/year): ____/____/____

CONFIDENTIALITY SECTION

PHOTOGRAPHS

During a student's time at CAPS, their photograph or work may be included in a classroom or school project. This means that their work or image might be used in posters, videos, yearbooks or on the school website etc. The students name or address will NOT be included with any images used.

Please circle the appropriate answer:

YES – My child may have their picture taken and used by CAPS as necessary.

NO – My child may NOT have their picture taken and used by CAPS.

PARENT/GUARDIAN CONTACT INFORMATION

Throughout the year, some parents/guardians of students would like to contact other parents/guardians. Are you willing to share any of your personal information such as Email or contact telephone? Please circle which option is applicable for you:

EMAIL YES NO

TELEPHONE YES NO

We will not share any home address information. This means we will only provide a contact Email or cellular number. By agreeing to share and use the information, you also confirm that you will not misuse any of the information.

NWEA MAP TESTING

CAPS requires parental consent to use, store, maintain and transfer student information. By signing below, you agree that CAPS is able to do this:

Student name: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date (day/month/year): ____/____/____

APPLICATION CHECKLIST

- Application for admission completed
- Medical section completed
- Confidentiality section completed
- Copy of ID or Passport of applicant
- Previous school records copied with school grading scale and credit value
 - Students in grade 1-9 with records from current and previous school year
 - Students in grade 10-12 with records from grade 9 onward
- Immunization records shared
- Existing IEP or psychological reports shared with the school
- Academic placement testing (for grade 1 and up)
- Signed Payment Contract

Notes:
