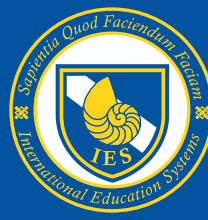


Application for Admission



BOCA PREP
INTERNATIONAL SCHOOL
UNITED STATES OF AMERICA

APPLICANT INFORMATION:

First Name Middle Initial Last Name
_____/_____/_____ - _____ - _____ Male ___ Female
Date of Birth (month/day/year) Social Security Number (optional)
Applicant to enter Grade: _____ To begin enrollment in: _____ (month/year)

ACADEMIC INFORMATION:

List each school attended for the past three years and dates of attendance:

Current School Name Current Grade Attended from (month/year) to present

Current School Address

Previous School Name From To Previous School Name From To

FAMILY INFORMATION:

Email (required): Primary: _____ Secondary: _____

Father/Guardian () :

Dr./Mr. First Name Last Name

Address

City State Zip

Home (____) _____ Cell (____) _____

Fax: (____) _____

Job Title: _____

Business Name

Business Address

City State Zip

(____) _____

Business Phone

Mother/Guardian () :

Dr./Ms./ Mrs. First Name Last Name

Address

City State Zip

Home (____) _____ Cell (____) _____

Fax: (____) _____

Job Title: _____

Business Name

Business Address

City State Zip

(____) _____

Business Phone

Please star (___) above address to use for all correspondence about this student.

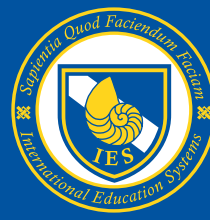
Marital Status of Natural Parents: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

With whom does student live? _____ Who has custody? ___ Mother ___ Father ___ Joint

Who will be responsible for payment of school fees? _____

Boca Prep International School open admission and financial aid policies do not discriminate on the basis of race, gender, ethnic origin, disability, or similar factors. Applicants of all races and creeds are welcome at Boca Prep International School.

Application for Admission



BOCA PREP
INTERNATIONAL SCHOOL
UNITED STATES OF AMERICA

GUIDANCE AND ADMISSION INFORMATION:

Country where born _____ Country of citizenship _____

If a citizen of country other than the United States, will I-20 Immigration Form be needed?

_____ Yes _____ No _____ N/A

Please provide visa number if I-20 is not used to enter the U.S.A.: _____

Language(s) spoken at home _____

How did you first learn about Boca Prep School? _____

Has the applicant skipped a grade? _____ Yes _____ No, If so which grade? _____

Has the applicant repeated a grade? _____ Yes _____ No If so which grade? _____

Has the applicant ever received disciplinary censure at school? _____ Yes _____ No

School suspension? _____ Yes _____ No Dismissed? _____ Yes _____ No

Asked to withdraw by school? _____ Yes _____ No Probation? _____ Yes _____ No

Please share with us information about disciplinary matters: _____

Can the applicant participate in organized team sports or other school programs? Yes No.

Please share information to help us understand your child's athletic interests, talents, and team participation: _____

Candidates with a disability who would like to request accommodations should identify themselves early in the application process. Documentation from a qualified professional is required and should either be enclosed with this application or sent directly to the admission office.

Auxiliary aids and services may be available on request. If the applicant has a disability and would like to request accommodations in the admission process, please explain here.

SIBLING INFORMATION: Please list siblings who attend Boca Prep:

Name Current Grade

Name Current Grade

APPLICATION

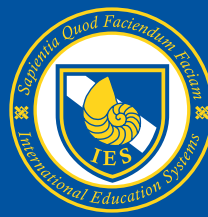
1. A non-refundable application fee of \$100 is required of all applicants.
2. (I/We) hereby authorize Boca Prep International School to contact schools and other sources to obtain information to support this application and will not seek access to confidential recommendation and evaluation materials before or after (my/our) (child's/ward's) admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Boca Prep International School for that purpose.
3. Your signature on this application verifies that the information set forth in the application and provided in separate documents is true and correct. (I/We) understand that any false, misleading, or inaccurate information, or any missing or omitted information, may be deemed to be reason for Boca Prep to reject this application or dismiss my/our child from school if accepted.

Parents/ Guardian Signature Date

Please mail, email or fax your completed application to:

Admission Office, Boca Prep International School, 10333 Diego Drive South., Boca Raton, FL 33428,
Fax: (561) 483-2004 Email: admission.bocaraton@iesedu.com

Family Questionnaire



BOCA PREP
INTERNATIONAL SCHOOL
UNITED STATES OF AMERICA

Name of Applicant: _____ Application Date: _____

Please share with us what you feel your child's strengths, weaknesses, talents, etc?

As a parent, what activities would you like to be involved in? _____

Please comment on your child's current school experience and setting:

What are your expectations of your child's experience at Boca Prep International School?

Academic Awards/ Recognition:

Description of Award: _____ Year Received: _____

Description of Award: _____ Year Received: _____

Athletics:

Sport: _____ # of years involved: _____

Sport: _____ # of years involved: _____

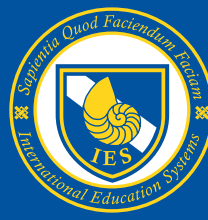
Club and Activities:

Club/Activity: _____ # of years involved: _____ Awards: _____

Club/Activity: _____ # of years involved: _____ Awards: _____

How did you learn about Boca Prep International School: _____

Release of Records



BOCA PREP
INTERNATIONAL SCHOOL
UNITED STATES OF AMERICA

Name of Applicant: _____

Applying for entrance into grade: _____ Date of Birth: _____

I authorize the release of my child's records as requested by Boca Prep International School. I acknowledge that I waive my right to read the confidential teacher recommendations and school reports for the student listed above.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____

Boca Prep International School • 10333 Diego Drive S • Boca Raton, FL • 33428
Phone (561) 852-1410 • Fax (561) 483-2004 • www.Bocaprep.net

Request for Release of Records

Records to be released:

- School Report for current (to include mid-year grades) and prior years
- Standardized test reports
- Attendance information

For schools outside the United States only: Transcripts must be translated into English and certified by a United States Consul. In addition to the marks received in each subject, foreign transcripts must show the number of classroom hours per week in each subject.

The records indicated above and this completed form are to be released to:

Boca Prep International School, Admission Office, 10333 Diego S, Boca Raton, FL 33428

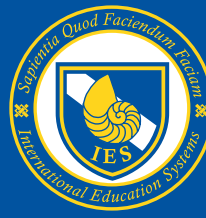
Please Fax transcripts to 561-483-2004

Present school may make a copy of this agreement as record of parent permission.

School Official: _____

Signature of school official: _____ Date _____

Bus Transportation



BOCA PREP
INTERNATIONAL SCHOOL
UNITED STATES OF AMERICA

_____ The applicant does not need Bus Transportation for my child – (skip form)

If you are interested in transportation, either round-trip or one-way, please complete the form below and return it to the Finance Department. Buses will leave Boca Prep at 4:00pm each day. Transportation will be billed to each student account the month after transporting has occurred.

Short Distance – 0 – 7 miles

One Way - \$167.50 per month (\$1,675 per year)

Round Trip - \$250 per month (\$2,500 per year)

Mid Distance – 8 – 15 miles

One Way - \$177.50 per month (\$1,775 per year)

Round Trip - \$260 per month (\$2,600 per year)

Long Distance – 16 – 25 miles

One Way - \$197.50 per month (\$1,975 per year)

Round Trip - \$280 per month (\$2,800 per year)

Student's Name: _____ Grade: _____

Community/Subdivision Name: _____

Address: _____ City _____ Zip _____

Please Check Service: Round Trip One Way

Desired Date to Begin Service: _____

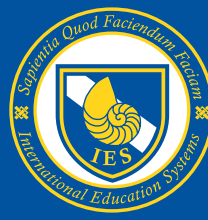
Parent/Guardian Signature: _____

For Office Use Only:

DTC: _____ Date Service Began: _____

Comments: _____

Permission Form



BOCA PREP
INTERNATIONAL SCHOOL
UNITED STATES OF AMERICA

I agree to the following permission/authorizations with regard to my child:

_____ [Please print the student's name]
[Grade] _____

Please initial all items for which you grant permission:

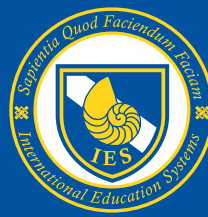
- _____ School-day field trips [prior notice of the trip will be provided]
- _____ School provided transportation to/from school-day field trips
- _____ Walking and/or biking to/from the school
- _____ Student driving to/from school [if yes, driving form to be completed]
- _____ Photo opportunities for school promotional materials
- _____ Photo opportunities to be posted on school web site

I agree to indemnify and hold harmless Boca Prep International School and its employees and volunteers for any harm which may come to my child in the event that I cannot be reached in an emergency.

_____ Parent Signature _____ Date

Please print your name: _____

Medical Information and Emergency Authorization Form



BOCA PREP
INTERNATIONAL SCHOOL
UNITED STATES OF AMERICA

Student Name: _____ DOB: _____

Local Address: _____ Home Phone: _____

Mother business phone: _____ Cell: _____

Father business phone: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____

Relation to the Student: _____

Health Insurance Provider: _____ Policy #: _____

Primary Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Please complete all of the following:

1. Is your child currently under a doctor's care? Yes ____ No ____

If yes, for what is he or she being treated? _____

2. Is your child currently taking any prescription medications? Yes ____ No ____

If yes, please list the name, dosage, and time of treatment for each medication:

3. At this time is your child restricted to any special diet? Are there foods that he or she is not permitted to eat? Yes ____ No ____ If yes, please explain: _____

4. Are there any special needs or current medical problems that we should be made aware of in order to best assist your child? Yes ____ No ____ If yes, please explain: _____

5. Please note any other information that may become important in a medical emergency: _____

Preferred Hospital: _____ Town: _____

Persons authorized for student pick-up (in addition to the emergency contacts): MUST SHOW I.D. UPON PICK-UP

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

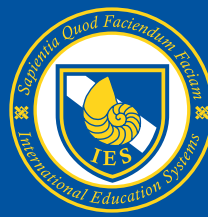
Please fill out all appropriate medication forms with the school nurse.

[Parent/Guardian Signature]

[Date]

Signature _____

MUST BE SIGNED IN FRONT OF A NOTARY



GENERAL QUESTIONS (Explain "yes" answers bellow) Has/does the student:

	Yes	No		Yes	No
1.Had any recent injury, illness or infectious disease?___	___	___	16. Ever had back problems?	___	___
2.Have a chronic or recurring illness/condition? ___	___	___	17. Ever had problems with joints?	___	___
3.Have an orthodontic being brought to school ___	___	___	18. Ever been hospitalized?	___	___
4.Have any skin problem (e.g. itching, rash)? ___	___	___	19. Ever had surgery?	___	___
5.Have frequent headaches? ___	___	___	20. Have diabetes?	___	___
6.Ever had a head injury? ___	___	___	21. Have asthma?	___	___
7.Has mononucleosis in the past 12 months? ___	___	___	22. Even been knocked unconscious?	___	___
8.Wear glasses, contacts or protective eye wear? ___	___	___	23. Had problems with diarrhea/constipation?	___	___
9.Ever had frequent ear infections? ___	___	___	24. Have problems with sleepwalking?	___	___
10.Ever passed out during or after exercise? ___	___	___	25. If female, have any abnormal menstrual history? ___	___	___
11.Even been dizzy during or after exercise? ___	___	___	26. Ever had an eating disorder?	___	___
12.Ever had seizures? ___	___	___	27. Ever had emotional difficulties for which professional		
13.Ever had high blood pressure? ___	___	___	Help was sought?	___	___
14.Ever had chest pain during or after exercise? ___	___	___	28. Ever tested positive for HIV or AIDS?	___	___
15.Ever been diagnosed with a heart murmur? ___	___	___	29. Ever taken illegal drugs of any kind, even once? ___	___	___

Please explain any "yes" answers [noting the number of the question]: _____

Please list any operation or surgery: _____

Please list any allergies of which we should be aware (medications, foods, or other): _____

If any medication is going to be taken regularly at school please ask for and complete the authorization for administration of medication.

In an emergency situation I hereby authorize the staff of Boca Prep International School to act in my behalf for any medical care, treatment (including immunizations), and prescriptions reasonably necessary or medically advisable to maintain the life, health, and well-being of my child. This includes, but is not limited to, first aid, prevention and care of injuries, follow-up care, and the taking of over-the-counter prescriptions that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and completion of: (1) Legal authorization for treatment; (2) consultations with doctors; (3) emergency examinations; (4) consent for hospitalization; (5) anesthesia; (6) dental care; and (7) treatment or surgery that may be deemed necessary by appropriate medical personnel.

Parent/Guardian Name (Please print): _____

Signature: _____

MUST BE SIGNED IN FRONT OF A NOTARY