

Please attach  
recent photograph

## APPLICANT INFORMATION

School Year: \_\_\_\_\_ Student #: \_\_\_\_\_ Family #: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name		Age:	Years	Months
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth mm/dd/yy	Place of Birth		
Nationality	Native Language	Second Language		
Religion	Applicant lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:			
Last/Current Grade	Recent Academic Average	Cause of Change		
Previous/Present School		City/State/Country		
Grade applying for: <input checked="" type="radio"/> N <input type="radio"/> KI <input type="radio"/> KII <input type="radio"/> PP <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9				

## PARENTS INFORMATION

FATHER		
Is father CI alumnus? <input checked="" type="radio"/> Yes <input type="radio"/> No from 19 to 19		Age
Full Name		Nationality
Marital Status		Religion
Address: Street & #		Area
City	State	Zip Code
Home Phone #1	Cellular Phone	E-mail
EDUCATION (School attended)		
Grade School (1-6)		College
Jr. High (7-9)		Degree
High School (10 -12)		Language(s) Spoken
WORK INFORMATION		
Company		Position at Company
Address: Street & #		Area
City & State		Zip Code
Work Phone #1		E-mail Address

MOTHER		
Is mother CI alumna? <input type="radio"/> Yes <input checked="" type="radio"/> No from 19 to 19		Age
Full Name		Nationality
Marital Status		Religion
Address: Street & #		Area
City	State	Zip Code
Home Phone #1	Cellular Phone	E-mail
EDUCATION (School attended)		
Grade School (1-6)		College
Jr. High (7-9)		Degree
High School (10 -12)		Language(s) Spoken
WORK INFORMATION		
Company		Position at Company
Address: Street & #		Area
City & State		Zip Code
Work Phone #1		E-mail Address

## MEMBERSHIP ASSOCIATIONS

Name of Association	Type of Relationship (Social, Religion, Cultural, Sports, Scientific, Political, etc.)
_____	_____
_____	_____

## SIBLINGS

Name	Birthdate mm/dd/yy	School Attending	Grade
1.			
2.			
3.			
4.			

Are any of the parent's brothers or sisters students or alumni at CI?

Name (s): \_\_\_\_\_

Are any of the applicant's first cousins students or alumni at CI?

Name (s): \_\_\_\_\_

## REFERENCES (Attending Colegio Inglés)

	Family Name	Student Name	Phone
Relatives			
Friends			

## REFERENCE COMMENTS (To be completed by the school)

Rec by:	Rec by:
At CI: <input type="radio"/> Yes <input type="radio"/> No      Date:      Call made by:	At CI: <input type="radio"/> Yes <input type="radio"/> No      Date:      Call made by:
Comments:	Comments:
_____	_____
_____	_____
_____	_____

Reasons why you would like your child to enroll in the school.

_____
_____
_____
_____
_____

NOTE: Please set an appointment at the School Information Office to return this application form duly filled together with the following:

recent photograph

copy of birth certificate

copy of the current and past report cards

**PARENT QUESTIONNAIRE**

1. What do you consider to be your child's greatest strengths and weaknesses?

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2. Describe your child's personality and interaction in social situations.

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3. Does the child have special needs or has the child received support for any of the following?  
Please check all that apply.

- a. Special gifts or talents \_\_\_\_\_
- b. Speech difficulties \_\_\_\_\_
- c. Hearing difficulties \_\_\_\_\_
- d. Physical limitations \_\_\_\_\_
- e. Other, please specify \_\_\_\_\_

4. Has the child skipped a grade?  Yes  No      Has the child repeated a grade?  Yes  No

If yes, please specify \_\_\_\_\_

5. Has your child been suspended, expelled, or dismissed or otherwise subject to any disciplinary action from any school?  Yes  No

If yes, please specify \_\_\_\_\_

NOTE: Please attach complete and accurate information for each question answered yes or for each item checked above.

**APPLICANT QUESTIONNAIRE** ( 4th – 9th grade students only)

1. What do you consider to be your most important strengths, talents and abilities?

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2. What is your favorite subject(s) ?

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3. What subject(s) is most difficult for you?

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4. Do you have any hobbies or special interests?

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I certify that the information submitted is complete and accurate.

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Student's Signature

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Father's Signature

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Mother's Signature

## EVALUATION PROCESS

(To be completed by the school)

Admission Exam Date _____	Comments _____ _____ _____ _____
DSS Report Date _____	
Director - Parents Meeting Date: _____ Time: _____	
Results Given by _____	
Family <input type="radio"/> Yes <input type="radio"/> No	
Family Applying for <input type="radio"/> N <input type="radio"/> KI <input type="radio"/> KII <input type="radio"/> PP <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	

## EVALUATION RESULTS

(To be completed by the school)

The following recommendation is mandatory for the student in order to be accepted:

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Speech Therapy  | <input type="radio"/> Aprende a Pensar I  |
| <input type="radio"/> Special English | <input type="radio"/> Aprende a Pensar II |
| <input type="radio"/> Special Spanish | <input type="radio"/> Tutoring            |

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade accepted for: \_\_\_\_\_ Authorized by: \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

### GAVA EDUCACIONAL S.C.

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