

# APPLICATION FOR ADMISSION

Tel: (506) 2215-2393 Fax: (506) 2215-2395  
Web: [www.lighthouse.ed.cr](http://www.lighthouse.ed.cr) Email: [lighthouse@lis.ed.cr](mailto:lighthouse@lis.ed.cr)  
Apdo. 127-1255 Escazú, San José, Costa Rica  
1km north of the Guachipelín tunnel  
Escazú, San José, Costa Rica

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Dear Parent/Guardian,

Thank you for your interest in Lighthouse International School. We look forward to getting to know you better as you move through the application process. Attached is an application for admissions, and below is a checklist to help you complete the steps in the process. You are also welcome/encouraged to take a tour of the school, preferably during school hours. If you have questions at any time, please feel free to contact us via telephone or e-mail.

The following checklist indicates all of the necessary steps required to complete the enrollment process for your child(ren). Please be sure to complete the steps in order and do not hesitate to contact us if you have any questions along the way.

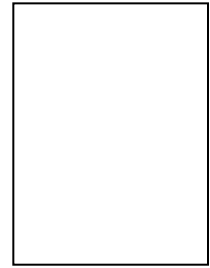
## Application procedure:

- ◇ 1. Complete application
- ◇ 2. Submit application with the following documents:
  - Photocopy of child's passport, birth certificate or ID
  - Updated vaccination record
  - Recent picture
  - Reference from the Financial Department of the previous school showing a satisfactory payment history
  - *Students PreK grade through 1<sup>st</sup> grade*: Results from Hearing and Vision Tests
  - *Students PreK grade through 1<sup>st</sup> grade*: Nutritional assessment and a physical development report (showing weight/age, height/age ratio)
  - *Students 1<sup>st</sup> grade and above*: transcript showing the student's last two years of schooling
  - *Students 1<sup>st</sup> grade and above*: teacher recommendation from current teacher
  - Reports of results from any special academic, psychological, standardized test, curricular accommodations or other assessments
  - Photocopy of parent's passport or ID
- ◇ 3. Schedule a day for your student to visit the school. During that visit your student will be tested. On this day the parents will also be interviewed by members of the Admissions Committee.
- ◇ 4. The Committee will review the paperwork and the test results and call you about admissions.
- ◇ 5. The Admissions office will notify the family. If the student was admitted, the parent or legal guardian will come to school and sign an enrollment agreement and will proceed to pay the corresponding fees.



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Date: \_\_\_\_\_

School Year: 20\_\_\_\_ - 20\_\_\_\_

## Student Information

Student Name

\_\_\_\_\_  
 Last First Middle

(Print name exactly as it should appear on permanent records.)

Male  Female

Student's Preferred Name

Age

ID (cedula or passport)

Nationality

Date of Birth

Country of Birth

Applying to Grade

Home Address:

\_\_\_\_\_  
 Province: Canton: District:

Student's First Language:

Level of *English* Proficiency:

Beginner

Fluent

Conversational

Native

Level of *Spanish* Proficiency:

Beginner

Fluent

Conversational

Native

Other Languages Spoken by Student:



**Family Information**

**Father/Guardian**

Name		
ID (cedula or passport)		
Home Phone		Cellular Phone
Email		
Home Address		
Level of education		Occupation/Title
Business Name		
Business Phone		
Business Address		

**Mother/Guardian**

Name		
ID (cedula or passport)		
Home Phone		Cellular Phone
Email		
Home Address		
Level of education		Occupation/Title
Business Name		
Business Phone		
Business Address		

Applicant's permanent parents/guardians are:

Married                       Separated   
 Divorced                       Parent Deceased

With whom does the student live?

Mother                       Joint   
 Father                       Other  Who? \_\_\_\_\_

Who has legal custody of the student?

Mother                       Joint   
 Father                       Other  Who? \_\_\_\_\_

Are there any other circumstances regarding student's family? (i.e. stepmother, stepfather, guardian, etc.)

Student's Siblings:  
Name

Age/Grade

_____	/
_____	/

### Guidance Information

List the last three schools the student has attended (including the one the student is currently attending) and please indicate the grade levels completed (or in progress) for each respective school

School \_\_\_\_\_ Grade Levels Completed (or in progress) \_\_\_\_\_

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- Has the student ever skipped a grade?  Yes  No
- Has the student repeated a grade?  Yes  No
- Has the student ever received counseling?  Yes  No
- Has the student ever been diagnosed with any learning and/or emotional disabilities?  Yes  No
- Does your child receive any academic accommodations at his/her current school?  Yes  No

If yes to any of the above, please share more information to help us better understand your child's needs:

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### Medical Information

Does the child have **allergies**?  Yes  No **Blood type:** \_\_\_\_\_

If yes, please share more information to help us better understand your child's needs:

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Medical History- Does your child suffer from any of the following ailments? (please check the box if yes)

- |   |                                   |  |
|---|-----------------------------------|--|
| Asthma <input type="checkbox"/>               | Diabetes <input type="checkbox"/> | Colitis/ chronic stomach pain <input type="checkbox"/> |
| Migraines/ Headaches <input type="checkbox"/> | Seizures <input type="checkbox"/> | ADD/ADHD <input type="checkbox"/>                      |
| Heart Problems <input type="checkbox"/>       | Thyroid <input type="checkbox"/>  | High blood pressure <input type="checkbox"/>           |
| Chronic condition <input type="checkbox"/>    |                                   |  |

If you checked yes to any of the previous health concerns, please share more information to help us better understand your child's needs:

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Please specify any medication the child takes at home. Please specify any medication the child will take at school.

### Emergency Contacts

If we are not able to reach you, who should be contacted in case of an emergency?

	Contact 1	Contact 2	Family Physician
Name			
Relationship			
Home Phone			
Work Phone			
Cellular Phone			

Preferred Hospital in an Emergency:

CIMA  Hospital de Niños  Clínica Bíblica  Other: \_\_\_\_\_

If your child experiences any medical situation while at school, please indicate (by checking the box to signify "yes") if the school nurse is authorized to administer these non-prescription medications:

Acetaminophen, Panadol (pain, fever) <input type="checkbox"/>	Mucosolvan syrup (cough) <input type="checkbox"/>	Bucalex spray (sore throat, teeth) <input type="checkbox"/>
Antifludes pediatric (antigripal) <input type="checkbox"/>	Decatileno (sore throat) <input type="checkbox"/>	Tabcin for children (antigripal) <input type="checkbox"/>
Cataflam drops and tablet (pain, fever) <input type="checkbox"/>	Oral saline solution (rehydration) <input type="checkbox"/>	Loratadine (antiallergic) <input type="checkbox"/>
Alergel creme (antiallergic topical, insect bites) <input type="checkbox"/>	Fastum gel (muscular pain) <input type="checkbox"/>	Visina ophthalmic drops (eye irritation) <input type="checkbox"/>
Allegra syrup and tablet (antiallergic) <input type="checkbox"/>	Gravol pills (nausea) <input type="checkbox"/>	Otogen + Neomicina drops (earache) <input type="checkbox"/>
Buscapina compound drops (stomach ache) <input type="checkbox"/>	Sertal drops (stomach ache) <input type="checkbox"/>	Neobol spray (scrapes) <input type="checkbox"/>
Calamine (bug bites and stings) <input type="checkbox"/>	Tums (heartburn) <input type="checkbox"/>	

Please indicate if there are any prescription medications that could be administered as well:

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**Student Statement** (*Optional for grades Pre-K-2*)

Student: In your own words, please describe your present interests and activities. These might include community projects, visual arts, performing arts, athletics, reading, hobbies, music, school, science, travel, etc. (Please use a separate page if necessary)

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**Parent Statement**

Please write a paragraph indicating what you hope your child will gain from an education at Lighthouse International School. (Please use a separate page if necessary)

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**Early Childhood Admission**  
 Preschool – 1<sup>st</sup> grade

Family Details (Are there any special circumstances within your family dynamics that affect the child?)

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How was the pregnancy/birth for the child? (Were there any complications or special circumstances?)

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Was the child breastfed or formula-fed as a baby?

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Developmental Information (please indicate the age at which each of the following milestones was reached):

<b>Ability</b>	<b>Age</b>
Walking unsupported	
Bottle-fed until	
First words	
Use of phrases	
Toilet trained	

For each of the following items, please indicate whether the child has gained full control:

Child has good verbal control (can understand and communicate successfully)	Yes	No
Child does not use diapers and uses bathroom independently	Yes	No
Child can feed themselves independently	Yes	No

*Note: Lighthouse does not provide bathroom, eating, and/or walking assistance on a regular basis, only in cases of infrequent emergencies. All students are expected to use the bathroom, eat, and walk independently.*

Have there been any significant events in child's life (moves, illnesses, etc.). Please explain.

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What are some activities & hobbies the child enjoys:

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Where has the child previously attended school?

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**For foreign students:**

How long has your child lived in Costa Rica? \_\_\_\_\_

How has the family adjusted to Costa Rica? \_\_\_\_\_

What is the expected length of your stay in Costa Rica? \_\_\_\_\_

How did you hear about Lighthouse International School?

Enrolled Student

Teacher

Church

Psychologist

Advertisement

Other \_\_\_\_\_

I/We hereby authorize this child to leave the school premises with the following people:  
 (If information is incomplete, the student will not be permitted to leave the school with stated persons.) If you authorize your child to leave the school on foot, by taxi, in Uber, accompanied by other students, or others adults without your previous notification, please indicate it in the space below.

Name	Relationship	ID (cedula or passport)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We understand that Lighthouse International School provides an academic program that begins in PreK and ends in 12<sup>th</sup> grade, with the four year high school offering a U.S Diploma and a MEP diploma, in addition to some IB credits. Our high school program is structured to offer credits and hours to meet these diploma requirements over the course of four years.

I/We have read and agree to the Lighthouse International School philosophy and requirements. I/We agree to support the school in carrying out these goals and understand that our participation is essential. I/We acknowledge that if I/we have misrepresented the truth in any way during the application, or have omitted information that affects this student's education, admission and enrollment may be revoked. I/We understand that completing the student's application for admission and or the office visit does not guarantee my/our child's acceptance into Lighthouse International School.

**I do  / do not**  authorize the proper use of images of my child/ren, their artwork and written product in electronic and hardcopy publications, website, newsletters, press releases, social network publications or any other digital or hardcopy publication, according to established safety and privacy guidelines and policies.

**Parent/Guardian Signature:** \_\_\_\_\_

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