

APPLICATION FOR ADMISSION

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

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 if you have any questions along the way.

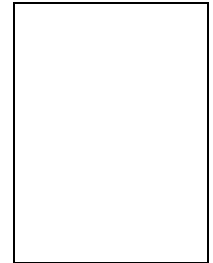
Application procedure:

- ◇ 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 1st grade*: Results from Hearing and Vision Tests
 - *Students 1st grade and above*: transcript showing the student's last two years of schooling
 - *Students 1st grade and above*: teacher recommendation from current teacher
 - Reports of results from any special academic, psychological, standardized test 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:

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		
Occupation/Title		
Business Name		
Business Phone		
Business Address		

Mother/Guardian

Name		
ID (cedula or passport)		
Home Phone		Cellular Phone
Email		
Home Address		
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 resperctive school

School Grade Levels Completed (or in progress)

Three horizontal lines for listing schools and grade levels.

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:

Three horizontal lines for providing additional information.

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:

Two horizontal lines for providing additional information.

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

Asthma

Diabetes

Colitis/ chronic stomach pain

Migraines/ Headaches

Seizures

ADD/ADHD

Heart Problems

Thyroid

High blood pressure

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

Three horizontal lines for providing additional information.

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

Two horizontal lines for providing medication information.



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

Clinica Biblica

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

Mocosolvon

Gravol

Panadol

Mebocaina

Buscapina

Cataflan

Peptobismol

Clorotron

Alergel

Voltaron

Nebol

Molinex

Neomicina

Otogen

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



Early Childhood Admission

Preschool – 1st grade

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

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

Was the child breast feed or formula fed as a baby?

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

Ability	Age
Walking unsupported	
Bottle-fed until	
First words	
Use of phrases	
Toilet trained	

For each of the following items, please incate 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.

What are some activities & hobbies the child enjoys:

Where has the child previously attended school?

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.)

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

I/We understand that Lighthouse International School provides an academic program that begins in PreK and ends in 12th 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: _____

Date: _____

Please return completed application to:
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