



CUPEYVILLE SCHOOL

Licensed by: General Council of Education of Puerto Rico Accredited by: Middle States Association - C.A.D.I.E.

PRE-ADMISSION APPLICATION 2018-2019

Payment received _____

Date _____

By _____

Accepted _____ Summer _____

Rejected _____

Date _____

Student's Name _____

Date of Birth _____
(Month - Day - Year)

Grade placement this year _____ Previous school _____

Grade placement next year _____ Reg. Program _____ Special Ed. _____
(Bridges Program)

Parent's (or guardian's) information:

Mother's name: _____ Graduate of Cupeyville Yes No

Mother's occupation: _____ Year _____

Mailing address: _____

City: _____ Zip-Code _____

Phone: Home: _____ Cellular: _____

Office: _____ Email: _____

Father's name: _____ Graduate of Cupeyville Yes No

Father's occupation: _____ Year _____

Mailing address _____

City: _____ Zip-Code _____

Phone: Home: _____ Cellular _____

Office: _____ Email: _____

(over)

I _____ authorize my _____ to take the admission
print parent's name student's name

test for entrance to Cupeyville School. I understand and agree that Cupeyville School will make all efforts consistent with the law to maintain test security including the protection of test materials. Due to the fact that this is a standardized test, copies will not be provided.

The undersigned certify that all the information provided in this application is true, correct and complete and can be subject to review and verification by Cupeyville School.

The undersigned, as parent or legal guardian of _____, further agrees that if any of the
student's name

information provided in this application is incorrect or inconsistent with the truth, Cupeyville School has the right to summarily deny or revoke the application for admission.

Admissions decision will be based on school visit, interview, admission test, previous school's transcript and letter of recommendation. We will mail admission decision.

Date

Parent or Guardian's Signature

FOR OFFICE USE ONLY

Date of visit: _____

Date of testing: _____

Accepted _____ Rejected _____

Comments:

Date of acceptance

Principal's Signature

Admissions Officer Signature