



CUPEYVILLE SCHOOL

Licensed by: General Council of Education of Puerto Rico

Accredited by: Middle States Association - C.A.D.I.E.

PRE-ADMISSION APPLICATION 2011-2012

Payment received _____

Date _____

By _____

Accepted _____

Rejected _____

Date _____

Student's Name _____

Date of Birth _____

(Month - Day - Year)

Grade placement this year _____

Grade placement next year _____ Reg. Program _____ Special Ed. _____

(Bridges Program)

Previous school _____

Parent's (or guardian's) information:

Mother's name: _____ Graduate of Cupeyville Yes No

Year _____

Mailing address: _____

City: _____ Zip-Code _____

Phone: Home: _____ Cellular: _____

Office: _____ Beeper: _____

Email: _____

Father's name: _____ Graduate of Cupeyville Yes No

Year _____

Mailing address _____

City: _____ Zip-Code _____

Phone: Home: _____ Cellular _____

Office: _____ Beeper: _____

Email: _____

(over)

I _____ authorize my _____ to take the
print parent's name son or daughter

admission 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.

Admissions decision will be based on school visit, interview and admission test. We will mail admission decision.

_____ Date _____ Parent or Guardian signature

FOR OFFICE USE ONLY

Date of visit: _____

Date of testing: _____

Score _____

Accepted _____ Rejected _____

Comments:

_____ Date of acceptance _____ Signature