



REGISTRATION FORM

Grade for which application is made _____ Acct. No. _____ Date _____

Full name of student _____
FIRST MIDDLE LAST

F M

Address _____

Date of birth _____ Place of birth _____ Age _____

Last grade attended _____ School _____

Language(s) spoken at home _____

Name of father or Legal Guardian _____

Are you a Senior Graduate of Cupeyville School? YES Year _____ NO

Status: Single Married Widowed Divorced Remarried

Mailing address _____

Residential address _____

Place of employment _____

Address _____ Phone _____

Residential phone _____ Cellular phone _____

E-mail _____

Name of mother or Legal Guardian _____

Are you a Senior Graduate of Cupeyville School? YES Year _____ NO

Status: Single Married Widowed Divorced Remarried

Mailing address _____

Residential address _____

Place of employment _____

Address _____ Phone _____

Residential phone _____ Cellular phone _____

E-mail _____

List two (2) persons to be notified, in order of priority, in case of an emergency:

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

CUPEYVILLE SCHOOL

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

Phone: (787) 761-6305
Fax: (787) 761-0445
P.O. Box 20483,
San Juan,
P.R. 00928-0483

_____ has my permission to participate in the physical education program.

STUDENT NAME

A doctor's certificate is enclosed with the application. I note bellow any allergies or conditions about which the school should be informed, including whether he/she wears glasses.

Furthermore, I hereby authorize the school to take him/her to a doctor or hospital should that become necessary.

I support the desirability of maintaining an academic atmosphere through the establishment of appropriate standards of discipline and the right of the school to enforce such standards by requesting the withdrawal of these students who consistently refuse to adhere to them.

In signing this contract I agree that if _____ is accepted at Cupeyville School, I will discharge all financial obligations as they come due. I understand that payments (9) are due on the first of each month and that the school reserves the right to exclude from classes these children whose payments are in arrears.

_____ DATE

_____ SIGNATURE OF PARENT OR GUARDIAN

The following is required from all applicants with registration:

- 1. Transcript of school credits
- 2. Good conduct certificate
- 3. Copy of birth certificate
- 4. Health certificate
- 5. Registration fee (non refundable)

FOR OFFICIAL USE ONLY

