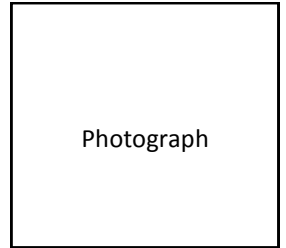




Union School
Route du Canape Vert, Juvenat
Port-au-Prince, Haiti
(509) 2943-4923 / 2943-1972
www.unionschool.edu.ht



Celebrating Our Centennial Year

Application for Admission

A General Information

Applicant's Name _____
(As shown on passport) Last Name First Name Middle

Age _____ Date of Birth _____ Place of Birth _____

Grade/Year requested _____ Sex _____ M _____ F Expected arrival in Haiti _____

Permanent Address _____

Primary Language _____ Nationality _____

Mother/Guardian Name _____
(As shown on passport) Last Name First Name

Nationality _____ Primary Language _____

Occupation _____ Title _____ Self Employed _____

Name of Business _____ Type of Business _____

Email Address _____ Cell Number _____

Father/Guardian Name _____
(As shown on passport) Last Name First Name

Nationality _____ Primary Language _____

Occupation _____ Title _____ Self Employed _____

Name of Business _____ Type of Business _____

Email Address _____ Cell Number _____

Local _____ International _____ Alumni _____

B**Educational Information**

1. Last three (3) schools attended (in chronological order)

School

Country

Dates Attended

Grades Completed

2. Has the student ever repeated a year? Yes No If yes, which year? _____

3. Has the student ever been expelled or suspended from school? Yes No If yes, please explain

4. Does your child have special needs? Yes No

Does the student have a psycho-educational evaluation report? Yes No

(Please note that a copy of these reports must be included with this application form to determine program suitability.)

5. Has this student:

studied French? If so, for how many years? Yes No _____

received ESL services? If so, where? Yes No _____

had remedial help in reading? Yes No

had remedial help in mathematics? Yes No

received/or is receiving special education services? If yes, list subject areas.

Yes No _____

qualified for gifted, enrichment, or advanced placement programs? If yes, list subject areas.

Yes No _____

6. Which languages can student with reasonable fluency understand, speak, read, write?

Languages	Understands	Speaks	Reads	Writes
English				
French				
Spanish				
Other _____				

C**Other Information**

1. With Whom will the student be living? _____

Relationship to Student _____ Cell Number _____

2. If parents are divorced/deceased, who has legal custody? _____

3. Emergency Contact Person _____

Relationship to Student _____ Cell Number _____



Admissions Committee Guidelines

1. The Admissions Committee shall evaluate all applications for admission to the school.
2. The Admissions Committee at its sole discretion reserves the right to refuse to admit any student to the school whom it regards as unable to benefit from the school curriculum and programs.
3. The Committee at its sole discretion reserves the right to refuse to admit any student whose admission would have the effect of making the number of students in the class applied for above the maximum number designated by school policy.
4. Recommendations for withdrawal will be made by the Administration. The Administration reserves the right to recommend to the board for a student to withdraw from the school in the event that it regards the student as unable to benefit from the school curriculum and programs or if his/her overall conduct and/or academic progress is determined to be unsatisfactory.
5. The Committee shall first consider the academic suitability of the applicant (including but not limited to examination results or tests given by the school and evaluation of academic records), the qualities and attributes of the applicant and his or her potential for contribution to the general life of the school, and shall then give priority to the following:
 - a. Brother/sister of present student
 - b. Child of past student
 - c. Brother/sister of past student

Within each category of priority an earlier application is to receive priority over a later application.
Past conduct of the applicant shall be considered and may be grounds for refusal of admission.

6. The Committee reserves the right at its sole discretion to admit students on a semester by semester basis. Parents shall agree in writing to the admission of the student on such basis and shall further agree to withdraw the student from the School upon three weeks written notice from the Committee.
7. Compliance with the rules of the School and payment of school fees in accordance with school policy and support of the philosophy and regulations of the School is a condition of the student's admission and continued education at the School.

The Board/Administration at their sole discretion reserves the right to recommend a student for withdrawal if he/she fails to comply with the school rules, or the school philosophy or whose behavior is or may be detrimental to the school community or whose parents or guardian fail to comply with or disagree with the school rules or philosophy or whose behavior is or may be detrimental to the school community.

Print Parent/Guardian Name

Signature

FOR OFFICE USE ONLY

Date Received: _____ Received by: _____ Date of Testing: _____

Application Fee Receipt #: _____ Amount: _____

Local _____ International _____ Alumni _____

Comments: _____



Health Office Information

1. Student's Name _____ Grade _____ Date of Birth _____
 Father/Guardian Name _____ Cellular _____
 Mother/Guardian Name _____ Cellular _____

2. In case of an Emergency, please provide the Name and Phone Number of a Relative, Neighbor, Friend.
 Name: _____ Cellular _____
 Relationship to the child _____

3. Siblings in Union School:
 Name _____ Grade _____
 Name _____ Grade _____
 Name _____ Grade _____

4. Name of child's personal physician _____
 Clinic _____ Tel: _____

5. Please check any of the following conditions which currently affect your child:
 Diabetes Kidney/Bladder Liver/Spleen Heart Problem
 Seizures Vision Problem Eye Glasses Hearing Problems
 Depression/Stress Orthopedic/Bone Other _____
 Asthma (Severe Mild) Caused by _____ Name of Meds _____
 Allergies caused by _____

6. Is the student medicated on a regular basis? yes no If yes, please provide us with the following information.
 Reason for: _____
 Name of medication _____ Dosage: _____
 How long has the student been on this medication? _____

*Students requiring medication at school **MUST** have a written physician's order as well as a parents' note and written consent addressed to the school nurse who shall be the sole person to administer all medications.

** The Health Office must sometimes share serious health information with your student's teachers and other school staff. If you do NOT want information shared, please contact our school nurse at nurse@unionschool.edu.ht.

Permission to administer the following medication to your student:
 Tylenol yes no Advil yes no Antacid yes no

Signature of Parent or Guardian _____ Date _____

All immunization records must be current with the name of the inoculation and date administered.



Student Physical Examination Form

Student's Name _____ Date _____

Address: _____

Telephone _____ Cellular _____ Date of Birth _____ Age: _____ Sex _____ Grade _____

Name of Parent or Guardian _____

PHYSICAL EXAMINATION Height _____ Weight _____ Blood Pressure _____

Check (✓) each line	Normal	Abnormal or Needs Follow-up	Not Done	Comments
01. Skin/Scalp				
02. Nutrition				
03. Neurological				
04. Orthopedic – Spine				
05. Eyes				
06. Visual Acuity				
07. Ears				
08. Auditory Acuity				
09. Speech				
10. Noses, Throat, Mouth				
11. Teeth and Gums				
12. Glands, including Thyroid				
13. Chest, Breasts				
14. Heart, Lungs				
15. Abdomen				
16. Genitalia				
17. Allergy				

LABORATORY

(If needed) Hemoglobin _____ gm Hematocrit _____ % Other _____

Check (✓) each line	No	Yes	COMMENTS (Additional space on back)
Emotional/Mental/Behavior Problems			
Problems Health Habits			
Physical Handicap – Limits Activity			
Restriction Needed (Specify degree-duration)			
Diabetics			
Asthma			
Medication			

I certify that this child has received the physical examination recorded above and in my opinion, may be admitted to school.

Yes No Signature: _____

I certify that I have on this date examined this child and find him/her physically able to compete in any supervised activities which are indicated below: Y (Yes) N (No)

Cheerleading Y N Volleyball Y N

Basketball Y N Soccer Y N

I certify that the above named child is completely immunized against diphtheria, tetanus pertussis, polio, measles, mumps and rubella: Yes No (Reason: _____).

HISTORY OF IMMUNIZATIONS

Vaccinations are mandatory for Admission, dates and updates must be provided.

Type Vaccine	Date	Date	Date	Date	Type Vaccine	Date	Date	Date	Date
DPT					Rubella				
DT					Mumps				
Tetanus					Measles				
Polio (Trivalent)					Meningitis				
MMR					Typhoid				
Tuberculin Test (type)	Date	Negative <input type="checkbox"/> Positive <input type="checkbox"/>	X-rays?		Hepatitis A	Hepatitis B Series			
					Varicella Zoster (if student did not have the disease):				

Examining Physician's Name _____ Signature _____

Address _____ Telephone: _____