



## UNION SCHOOL ADMISSIONS

Tel: (509) 2943-4923/2943-1972

Email: [reception@unionschool.edu.ht](mailto:reception@unionschool.edu.ht)

Website: [www.unionschool.edu.ht](http://www.unionschool.edu.ht)

Fax: (954) 206-0023

**Welcome, *Bienvenue*,** to our Community of Learners and Thinkers. Union School continues to inspire a culture of life-long learning that emphasizes academic excellence, civic-mindedness, and character development. Our US accredited program in Haiti promotes a community of learners ready to take the lead as local and global citizens. A strong intellect combined with physical, personal, ethical, moral, and social intelligence reflect the profile of a graduate of Union school. In choosing the Union School, you are choosing the best American preparatory school for your children, and thus you are offering them access to a global community and opportunities for a fulfilling and rewarding future.

Union School is committed to safeguarding and promoting the welfare of all its students. We offer a wide variety of programs in areas of academics, sports, and after-school and In-school activities. We invite you to visit our campus for a bird's-eye view of our interactions and activities. Ours is a welcoming campus and our strength lies upon the commitment of mutual respect demonstrated by parents, faculty, staff and students in all aspect of our endeavors. School hours are from 7:40 a.m. until 2:56 pm. Business hours are from 7:30 am. until 3:30 p.m. Classes start in August, ending in June.

We thank you for your interest in our school and for entrusting us with the future of your children. Please contact us for further information, either via telephone, or via email.

Union School Admissions Committee



**Building Character, Cultivating Academic Excellence.**



**ADMISSION POLICY: Please retain this cover sheet for your records.**

- Union School has an **open admission policy** without regard to nationality, race, creed, or religion. Enrollment is contingent upon compliance with basic academic and behavioral standards.
- The admissions process involves a **multi-disciplinary approach** (coordinated by the Director) which includes participation of the Administrative team, Guidance Counselor, members of the board and other staff as needed. (Union School Policy Manual-Section 6, 12)
- Students who are **transferring from local French-language schools** will in all likelihood be required to repeat the year they **successfully** completed unless they test at level in all areas. **No students will be accepted beyond the grade 10 level, unless they are transferring from an accredited school.**
- **No application will be acted upon unless it is complete as per admission procedures.**

**ADMISSION PROCEDURES:**

**Step 1:** Parents or guardian will review the Union School **Admission Packet** which consists of:

- ◇ Student Admission Policy/Admission Procedures
- ◇ Statement of Understanding
- ◇ Admission Application
- ◇ Fee /Tuition Payment Schedule (**\*See Fee Structure**)
- ◇ Registration and Fee Policy
- ◇ Health Data Forms: Health Office Information/ Student Physical Examination Form (included in application)

**Step 2:** Parents or guardian will submit the following documents:

- ◇ Birth Certificate or copy of passport data page
- ◇ Immunization certificate
- ◇ 2 passport-size photographs
- ◇ Completed Health Data Sheets: Health Office Information / Student Physical Examination Forms
- ◇ Completed Admission Application
- ◇ Copies of report cards for the two previous academic years
- ◇ Official academic transcripts from previous schools
- ◇ Letter of reference/introduction from previous schools
- ◇ **Letter of recommendation from a current member of the Board of Trustees or someone in the Union School community.**

**Step 3:** Parents will pay the application fee.

**Step 4:** Admission or Placement Testing will be set up.

**Step 5:** A family interview may be set up either with the Guidance Counselor, a school program Principal or the Director if deemed necessary.

**Step 6:** **The Admission Committee** will meet to **review the student's file and make a decision** on admissions.

**Step 7:** **The School** will notify the parents of the decision.

**If the student is admitted,** parents will:

Take care of their financial obligations with the Business Office  
Receive uniform, book/supplies information sheet

- **STUDENTS CANNOT START SCHOOL WITHOUT A COMPLETED ASSESSMENT.**
- **THE DECISION OF THE ADMISSIONS COMMITTEE IS MADE AFTER CAREFUL DELIBERATION, THEREFORE, THE COMMITTEE WILL NOT RECONSIDER ITS DECISION, WILL NOT CONSIDER ALTERNATIVE PLACEMENT AND WILL NOT RETEST ANY CANDIDATE.**
- **NO STUDENT WILL BE ALLOWED TO ATTEND CLASS UNTIL ALL PERTINENT TUITION AND FEES HAVE BEEN PAID.**

## **Age Requirements**

To be admitted to the Pre-Kindergarten 3 program, the child must be three (3) years of age by October 31 of that school year, and the child must be four (4) years of age by October 31 of that school year for the Pre-Kindergarten 4. To be admitted to the Kindergarten program, the child must be five (5) years of age by October 31 of that school year. To be admitted to the First Grade program, the child must be six (6) years of age by October 31 of that school year.

**\*\*No student that is beyond the October 31 age deadline will be admitted initially to a higher grade.**

## **Priority Consideration for Student Admissions**

Provided the students have the academic ability to compete successfully in Union School academic program and have demonstrated previous academic success in a similar U.S., American or International School, priority for admission will be given to applicants in the categories in the following order:

1. Children of U.S. Government Employees.\*
2. Siblings of currently enrolled students and former USH Students
3. Children of Faculty and Staff of Union School
4. Children of USH Alumni
5. New applicants transferring from overseas
6. Students currently enrolled in a local school.

\*All US Mission children will be admitted, at all times, without regard to their arrival date to Union School.

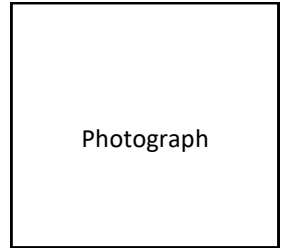
When space limitations indicate that there are more candidates in any one category mentioned above than spaces, then admissions will be based on a first come, first serve basis. The date of the original application to the registrar will be used.

## **Wait List**

When a grade level is filled, a wait list is established. Students are placed from the wait list according to the priority considerations above-mentioned as vacancies occur. If no space becomes available in the applicant's respective grade, they may re-apply beginning October 1<sup>st</sup> for the following academic year. Updated transcripts, teacher recommendations and another evaluation are required for reapplication. Being on a wait list is not a guarantee of space.



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



## 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

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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<br>_____ |             |        |       |        |

**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.**

\_\_\_\_\_ Signature  
 \_\_\_\_\_ Print Parent/Guardian Name

**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](mailto: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: \_\_\_\_\_





## Statement of Understanding

**Union School** considers applications for admission and other documents and information submitted in the admission process based on the assumption that these are complete and truthful.

As the parent or guardian of: \_\_\_\_\_  
Child's Name

Applying to (grade) \_\_\_\_\_ for the **20**\_\_\_\_-**20**\_\_\_\_ school year, I understand that omission of information or misstatement on this application or during the admission process may result in revocation of an offer for admission and / or enrollment or in dismissal from Union School of:

\_\_\_\_\_  
Applicant's name

**Union School** has established a policy that gives sole discretion for determining admission to the Admissions Committee. This policy further provides that the School not shares reasons for an applicant being denied admission.

In case of admission, a student is subject to policies and conditions current at a given time at Union School. The school reserves the right to reform its policies, and new policies and conditions will override those of the past.

We understand and agree to the above policies and conditions.

\_\_\_\_\_  
Father or Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Guardian's signature

\_\_\_\_\_  
Date



## Tuition Fee Policy/ Payment Guidelines

1. This written agreement to pay tuition for the **entire** year will be signed at registration or pre-registration.
2. Tuition and annual fees for **Local and International Students** are due in full at the beginning of the school year however 3 payment options are available. Parents must choose 1 of the three payment options made available. Parents/guardians are personally responsible for the timely payment of all fees, irrespective of invoicing arrangements made with an employer.

### Payment Options:

- A. One installment - Due on August 1<sup>st</sup>
- B. Three installments - Due on August 1<sup>st</sup>, December 1st and March 1st;\*\*
- C. Monthly installments - Due on August 1<sup>st</sup> and the 1<sup>st</sup> day of the following months.\*\*

**\*\*Note that options B & C require double payment in December. The double payment reflects the payment of the month of December and the month of May. Parents of Local or International Students that choose any of the payment plan options, in all cases of withdrawal whether voluntary or due to non-academic performance and/or disciplinary actions before the scheduled end of the school year, parents are liable for payment of the tuition in its entirety.**

3. Tuition and fees are scheduled based on anticipated enrollment. The school reserves the right to review the tuition and fees schedule as needed if anticipated enrollment is not achieved.
4. Resource Center / ESL / Enrichment fees will be determined based on placement of student into the particular categories as per the approved fee schedule and will be billed accordingly.
- 5. After-School Activities will be billed at the end of each month for those enrolled in the program.**
6. Late pick-up fees will be billed monthly.
7. Once registered, a student is assured of having a seat until September 1st, and no later. Classes begin mid August. Any registered student who reports late will still be responsible for the full tuition for the year.
8. Any new student enrolling after the beginning of the year will agree to pay for the balance of the year on a prorated basis. (A minimum of two-thirds (2/3) of the annual tuition will be due regardless of the number of months in attendance.)
9. All tuition and fees must be paid in full in order for official school documents, student transcripts or student records to be transferred to any other school or to be released to parents. The school will make all reasonable efforts to collect these monies.
10. Cases of outstanding tuition or fees may result in students not being permitted to take semester exams, receive report cards or attend school.
11. In the event that a family withdraws without settling their accounts with the school, the School reserves the right to seek legal recourse to recover all amounts due through debt collection agencies. If any payment remains due at the end of a tuition period or upon withdrawal from the school, no transcripts, transfers, or other records will be released until full payment, including late payment administrative charges are received.
- 12. In all cases of withdrawal whether voluntary or due to non-academic performance and/or disciplinary actions before the scheduled end of the school year, parents are liable for payment of the tuition in its entirety.**
13. The school does not entertain “diplomatic clause” consideration for tuition and fees if the student cannot complete the academic year.
14. The parents agree that the invoices for all fees and charges may be delivered by email, mail or delivery with students.
15. In case of Force Majeure, where the school is required to close prematurely due to reasons beyond its control, the school will not refund tuition paid in full. The school reserves the right to retain 100% of tuition and fees invoiced and/or paid as of the date of such event. A credit will be applied if the student returns the following year **only**.

### **Methods for Payment**

All fee payments must be made in US dollars (US\$) or Haitian Gourdes (at the official government selling rate on that particular day), by checks or by deposit to the school's account by prior arrangement, in which case proof of deposit must be presented to the Business Office before an official receipt is issued.

**Wire transfer:** Request details for fee remittance by wire transfer may be made to the Business office.

- Please ensure the student's name and number are referenced on your remittance to enable appropriate credit to the student's account.
- Email or bring your bank payment confirmation to the attention of the Business Office Manager.
- The FULL amount must be received by Union School.
- All bank charges are to be carried by the remitter. Union School will issue an official receipt only when it is confirmed that the funds have been received.

### **Cash Payment:**

- **It is preferred that cash payments be deposited at the bank. However parents may make cash payment at the school as well.**
- All cash payment made at the bank must be deposited directly into the UNION SCHOOL's account. Account number will be given to parents at the Business Office. Email or bring your cash deposit slip to the Business Office, noting the student's name and number to enable appropriate credit to the student's account.

### **Check Payment:**

- Checks should be made payable to Union School are accepted. Endorsed or posted checks are also not acceptable.

### **Credit Card Payments**

The school accepts payment via credit cards: MasterCard and Visa.

### **Bank Charges**

A \$25 penalty will be billed, in addition to all bank charges, in the event that a check is returned. Future payments will only be accepted as cash or wire transfer.

### **Late Fee**

A 5% surcharge will be billed on the balance due for all payments made after the 10<sup>th</sup> of each month.

In the event that a parent becomes three months in arrears, the family must either enter into a financial payment agreement with school or withdraw their child from school.

No student will be allowed to attend Union School until any outstanding balance due from the previous year is paid in full.

### **Breakages / Damages**

All breakages and damages caused by students will be charged along with the tuition fee.

**Students will not be allowed to attend classes if tuition fees are not paid.**

**The school reserves rights to revise the fees at any time at its sole discretion.**



I agree to the following payment plan selected, and I acknowledge that regardless of the plan I select, all tuition and fees are due in full on August 1<sup>st</sup>. I Understand that should my child or children be withdrawn at any time during the academic year, I am responsible to pay for the entire school year.

- A. \_\_\_\_\_ One installment - Due on August 1<sup>st</sup>
- B. \_\_\_\_\_ Three installments - Due on August 1<sup>st</sup>, December 1st and March 1<sup>st</sup>
- C. \_\_\_\_\_ Monthly installments - Due on August 1st and the 1<sup>st</sup> day of the following months.

**Note that options B & C require double payment in December.** The double payment reflects the payment of the month of December and the month of May.

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

I agree to abide by all the above and am registering my child/children for the school year.

\_\_\_\_\_  
**NAME OF PARENT**

*(Please print.)*

\_\_\_\_\_  
**SIGNATURE OF PARENT**

\_\_\_\_\_  
**Date**

Updated 01/2023