



MCSchool

Pedro Albizu Campos #24
El Millón Santo Domingo D.R.
Telephone 809 548-6620 / 809 548-6128
Facsimile 809 548-6777

APPLICATION FOR ADMISSION

Application for grade _____ in 200 ____ Male ____ Female

Applicant

Name _____

Home Address _____

Home phone _____ E-Mail _____

Applicant lives with: ____ Both Parents ____ Father ____ Mother ____ Other _____

Date of Birth _____ Place of Birth _____

Present School _____

Teacher _____ Telephone _____

Current Grade Level _____ Dates of Attendance _____

Principal/Head _____

Other schools attended in past three years _____

Family

Father's Name _____ Occupation/Position _____

Home Address _____ Work Place _____
(If different from applicant's)

Phone Number _____ Cel. _____ Business Phone _____

Mother's Name _____ Occupation/Position _____

Home Address _____ Work Place _____
(If different from applicant's)

Phone Number _____ Cel. _____ Business Phone _____

How should school-related mail be addressed? _____

Brothers/Sisters

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

Please comment on an aspect of your child that you consider unique or special

What expectations do you have for your child at MCSchool?

General Information

Does your family speak a language other than English at home? _____ If so, please specify

How did you hear about MCSchool?

Admission to MCSchool is based upon the following:

- ⊗ A visit to the school by the student and parents
- ⊗ Review of the school records
- ⊗ Performance on MCSchool's assessment test

Please enclose with this application a nonrefundable application fee of \$1,500.

Signature of Parent or Guardian _____ Date: _____