



## For Office Use Only

### Enrollment Date \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Address Verification                      | <input type="checkbox"/> Birth Certificate   |
| <input type="checkbox"/> Driver's License                          | <input type="checkbox"/> Immunizations       |
| <input type="checkbox"/> Medically Exempt                          | <input type="checkbox"/> Physical            |
| <input type="checkbox"/> Custody Alert                             | <input type="checkbox"/> Enrollment Packet   |
| <input type="checkbox"/> (2) Proof of Residence.                   | <input type="checkbox"/> IEP                 |
| <input type="checkbox"/> Last Report Card                          | <input type="checkbox"/> Auto Payment Form   |
| <input type="checkbox"/> Administrator Reference Form (see packet) |  |
| <input type="checkbox"/> Scholarship Award ID                      | <input type="checkbox"/> Financial Agreement |

## Student Enrollment Packet 2026-2027

### Student Information

Date \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student Legal Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ School ID# \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Race \_\_\_\_\_ WNH – White, Non-Hispanic \_\_\_\_\_ H – Hispanic – White  
\_\_\_\_\_ BNH – Black, Non-Hispanic \_\_\_\_\_ H – Hispanic - Black  
\_\_\_\_\_ AM/IND – American Indian \_\_\_\_\_ A/PI – Asian/Pacific Islander

Student Lives With: ☐ Both Parents ☐ Father ☐ Mother ☐ Other \_\_\_\_\_

Marital Status of Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Widow(er)

### Parent Information

Person Enrolling Student: ☐ Parent ☐ Guardian (☐ notarized letter) (☐ Court Order)

Mother's Name: \_\_\_\_\_ Address \_\_\_\_\_  
(If different from above)

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_ Fax \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address \_\_\_\_\_  
(If different from above)

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_ Fax \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Address \_\_\_\_\_  
(If different from above)

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_ Fax \_\_\_\_\_

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**Emergency Information, Contacts (Other than Parents/Guardians) and Telephone Numbers:**

Student may be released to ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian/Other

If we are unable to contact parents or legal guardians, it is important that we have another reference (local relatives, friends).

Please list below two persons to whom your child may be released.

Name	Relationship	Home	Work	Cell

**In case of an emergency, 911 will be called and student will be taken to the nearest hospital.**

**In the event I cannot be contacted, I authorize the appropriate school official to take the steps necessary to seek emergency medical attention.**

**Parent/Guardian Signature** \_\_\_\_\_

**Please list any medications that the student is currently taking:** \_\_\_\_\_

**Please list any known allergies:** \_\_\_\_\_

**Family Physician Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Previous School Information**

Last school attended \_\_\_\_\_ Withdrawal date: \_\_\_\_\_

Was this a private school? ☐ Yes ☐ No

Telephone \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student previously attended a Broward County School? ☐ Yes ☐ No

If yes, School and Grade \_\_\_\_\_

Has the student ever been retained? ☐ Yes ☐ No If yes, grade level(s) \_\_\_\_\_ Has

student ever been expelled from school? ☐ Yes ☐ No

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Exceptional Student Education (ESE) ☐ Yes ☐ No If yes, program \_\_\_\_\_

Describe other programs or interventions \_\_\_\_\_

**To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone number, name, etc., I will notify the school immediately.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Member Registering Student \_\_\_\_\_ Date \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) was amended by Congress in the No Child Left Behind Act of 2001 (NCLB). The amendment to FERPA included information and rules regarding access to student academic records and the transfer of school disciplinary records.



# CAMBRIDGE INTERNATIONAL ACADEMY

14850 N. W. 20 St, Pembroke Pines, FL 33028

Ph: (954)251-2419 Fax: (754)221-0180

email: ada.gonzalez@cambridgeia.org

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## STUDENT RECORDS REQUEST

Date: \_\_\_\_\_ Grade level when attended \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Home School: \_\_\_\_\_ (The  
public school the student would attend based on the current home address)

### PLEASE SEND A TRANSCRIPT OF THE OFFICIAL RECORDS FOR:

\_\_\_\_\_  
(Name of Student) (Grade) (Date of Birth) (Date Last Attended)

### **PLEASE INCLUDE: Cumulative Record containing:**

- ✓ All credits earned
- ✓ Test scores
- ✓ Health Records (Immunization (HRS Form 680 and Physical)
- ✓ Brief explanation of grading system
- ✓ Current grades at time of withdrawal
- ✓ Exceptional Student Education Records
- ✓ Any Behavioral records or referrals

I hereby give permission for the above-named school to release all student records as requested herein to facilitate the enrollment of my child at Cambridge International Academy.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Thank you in advance for your prompt attention to this request.

Registrar, Cambridge International Academy

**For School Use Only** School Communication (complete communication date/phone/fax/email)




Date: \_\_\_\_\_

## Authorization for Medication

(if needed)

Student Name: Last, First, Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

**MEDICATION TREATMENT PLAN TO BE COMPLETED BY PHYSICIAN**

Diagnosis: \_\_\_\_\_

Medication, Dosage, Specific Times and Direction for Administration: \_\_\_\_\_

**Note: Medication must be supplied in the original prescription container. Ask the pharmacist to divide the prescription in two completely labeled containers, one for home and one for school.**

Side Effects/Special Instructions: \_\_\_\_\_

**Note to Physicians: Please complete the treatment plan on the back of this form for students who require any special health procedures during school hours (e.g. inhalers, nebulizer treatments, glucose testing, etc.)**

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

and

Fax Number \_\_\_\_\_

### PARENTAL PERMISSION

I grant the principal or his/her designee the permission to assist in the administration of each prescribed medication/procedure to be provided during the school day, including when

(Name of Student) \_\_\_\_\_ is away from school property on official school business.

Home Phone/Work Phone/Cell \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

### TREATMENT FOR STUDENTS NEEDING HEALTH PROCEDURES DURING SCHOOL HOURS

**Treatment Plan:** \_\_\_\_\_

Special Procedures (List special procedures in which students have been trained, e.g. insulin administration, testing glucose, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any limitations/precautionary measures that should be considered (e.g. physical education, outdoor activities, transporting, and lifting, special devices/equipment): \_\_\_\_\_

Please state any emergency precautions/health emergencies that should be anticipated for this student (e.g. allergy triggers, diabetic reactions, etc.) \_\_\_\_\_

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What is the care plan for these identified emergencies?

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Physician's Signature

Date



## Parent Contract 2026-2027

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**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

- Parents are to ensure that their child arrives to school on time. The first bell rings at 7:50am, the tardy bell rings at 8:00 am. Students must be in their seats by the start of class at 8:00 a.m. as published in the Student Handbook. Any student arriving after this time will be issued a tardy slip. Students accumulating ten (10) unexcused tardies per school year will receive a note for excessive tardiness. Continued tardiness and absences may require a meeting with parents to draft an action plan to remedy this issue.
- Parents are to contact the school office if their son/daughter (the student) is going to be absent. On the day the student returns to school, he/she must bring a doctor's note or note from the parent(s) explaining the reason for the absence, otherwise, the absence will be considered unexcused.
- The school believes that parents play an integral role in their child's educational and social life. For this reason, the school asks that a parent/guardian personally transport their child to and from school. Carpooling is permitted, as it too, positively contributes to the child's socio-educational life.
- Parents are to ensure that their child is wearing the proper uniform attire as stated in the Student Handbook. Students who arrive at school without the proper uniform attire will be subject to disciplinary action as stated in the Student Handbook. Hoodies are not permitted at any time.
- A student's parent/guardian must agree to completing a minimum of ten (10) hours per school year. All volunteer hours must be completed prior to the end of the school year. Unfulfilled volunteer hours will be charged at \$100 per year or the donation of supplies agreed upon with administration.
- Parents agree to read and use the information sent home from the school, so that they are informed of activities and academic opportunities provided by the school.
- Parents and students are required to read the Student Handbook and the Student Code of Conduct. The Handbook and the Code of Conduct detail the responsibilities that staff members, students, and parents are expected to fulfill
- Parents acknowledge that enrollment at Cambridge International Academy is for the full academic year and creates a binding financial obligation for the total annual tuition. I/we agree to pay all tuition and fees as outlined in the school's tuition schedule and policies, even in the event of withdrawal, suspension, or dismissal. Any portion not paid by the scholarship due to any reason, such as late enrollment or early withdrawal, becomes the parent's responsibility. Student records will not be released until all payments are made in full.

Parent/Guardian Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Student Contract

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Whereas I \_\_\_\_\_ have made a personal decision to enroll as a student at Cambridge International Academy in order to experience a unique educational opportunity; and

Whereas I \_\_\_\_\_ recognize that Cambridge International Academy is a private school of choice, not entitlement.

Therefore, as a student at Cambridge International Academy, my commitment is to abide by the following rules and regulations adopted by the Board of Directors:

- A. I understand that my behavior is a direct reflection of both my family and the school. As such, I will strive to honor both by exhibiting exemplary behavior at all times in all places.
- B. I will adhere by the school uniform dress code as outlined in the Parent/Student Handbook.
- C. I am responsible for delivering all announcements, messages, and reports to and from school.
- D. I am responsible for completing and turning in all class assignments and homework.
- E. I am responsible for taking care of all books and materials loaned to me by the school. I will replace anything that is misused or lost.
- F. I will demonstrate proper courtesy to faculty, staff, and other students at all times.
- G. I understand that I am a student at Cambridge International Academy, and I will abide by the rules contained in the Code of Student Conduct and the current edition of the school's Parent/Student Handbook.
- H. I will speak courteously to everyone I come in contact with.
- I. I will refrain from fighting and using inappropriate language.
- J. I will refrain from intimidating, bullying, harassing, or threatening others.
- K. I will exhibit the principles of leadership and good sportsmanship.
- L. I am responsible for taking care of all computers and software related with technology education.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





# Technology Acceptable Use Policy

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- 19 The information systems and Internet access available through Cambridge International Academy are available to support learning, and to enhance instruction.

Cambridge International Academy's information systems are operated for the mutual benefit of all users. The use of technology at Cambridge International Academy is a privilege, not a right. Users should not do, or attempt to do, anything that might disrupt the operation of the network or equipment and/or interfere with the learning of other students or work of Cambridge International Academy's employees. Cambridge International Academy's network is connected to the Internet, a network of networks, which enables people to interact with millions of networks and computers.

The school reserves the right to restrict or terminate any user's access, without prior notice, if the user is suspected to be in violation of the acceptable use policy. The primary goal of any such action shall be to maintain computing availability and security for other users of the systems. Other disciplinary action may be imposed as stated in the Code of Student Conduct and Cambridge International Academy's Parent/Student Handbook.

## Respect for Property

- Students are prohibited from downloading and installing software on school computers without the express consent of the classroom teacher.
- Do not modify or rearrange keyboards, individual key caps, monitors, printers, or any other peripheral equipment.
- Report equipment problems immediately to the teacher.
- Leave workstations and peripherals in their designated places.

## Respect for Others

- Use your assigned workstations as directed by the teacher.
- Log out of workstations after finishing.
- Students may not deliberately attempt to disrupt system performance or otherwise interfere with the work of other users.
- Leave equipment and labs in good condition for the next user or class.

## Ethical Conduct for Users

Accounts on Cambridge International Academy's network are considered private, although absolute security of any data cannot be guaranteed. It is the responsibility of the user to:

- Use only his or her account or password. Do not share your account information
- Recognize and honor the intellectual property of others; comply with legal restrictions regarding plagiarism and the use and citation of information resources.
- Respect the privacy of others by not reading, modifying, removing, or otherwise tampering with files owned by other users.
- Restrict the use of Cambridge International Academy's network and resources to the mission and function of the school system.

- Maintain the integrity of the school information system. Deliberate tampering or experimentation is not allowed; this includes the use of the Cambridge International Academy network and resources to illicitly access, tamper with, or experiment with systems outside Cambridge International Academy.

### ***Inappropriate Use***

- The use of Cambridge International Academy's computing resources for any purpose other than that which has been expressly authorized by the teacher or adult in charge shall constitute an unacceptable use of technology.
- Do not use offensive, obscene, or harassing language when using any Cambridge International Academy network system.
- At no time shall campus technology be used in any manner that violates the privacy of others, jeopardizes the health or safety of students, is obscene or libelous, causes disruption of school activities, plagiarizes the work of others, is a commercial advertisement, or is not approved by the teacher or technology coordinator.
- Users will not change or delete files belonging to others.
- Real-time messaging and online chat may not be installed or used on the school network.
- Users are prohibited from accessing Internet sites that do not promote the instructional mission of Cambridge International Academy, or search for immoral, dishonest, or obscene content.

### **DECLARATION OF UNDERSTANDING AND ADHERENCE**

I understand that my son or daughter must adhere to the terms of this policy. I understand that access to the Cambridge International Academy network is a privilege that is intended for educational purposes. This privilege may be revoked for noncompliance with this acceptable use policy.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Student Photo Release

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I, \_\_\_\_\_ and my child \_\_\_\_\_, a  
(Parent/guardian) (Student name)

student at Cambridge International Academy, do hereby give permission to Cambridge International Academy, to use my child's photograph or photographic image in official Cambridge International Academy business including Cambridge International Academy web sites; Cambridge International Academy newsletters, etc. I understand that photographic or video images will be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless Cambridge International Academy, its officers, employees, attorneys, representatives, and all persons acting under its permission or authority or those for whom acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or video or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

This release contains the entire agreement between the parties and shall be binding upon and inure to benefits of the successors and assigns of the undersigned.

Signed this date \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Parent Signature



## Student Disclosure

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Student's Name \_\_\_\_\_ I.D. # \_\_\_\_\_  
(Please Print)

Date of Birth \_\_\_\_\_

1. Has student ever been expelled or asked to leave any school, in or out of the State of Florida?

☐ YES

☐ NO

If the answer to question one (1) is YES, then list each instance for which the student was expelled.

\_\_\_\_\_  
\_\_\_\_\_

2. Is your child currently enrolled in school? \_\_\_\_\_ Name of current school: \_\_\_\_\_

3. Please provide us with as much information about your child's educational needs: Select ALL that apply.

☐ Struggles with social interactions

☐ Struggles with comprehension

☐ Academically below peers

☐ Can read independently

☐ Can interact in a group setting

☐ Is able to follow directions

☐ Functions independently (eating, using restrooms, etc.)

☐ Displays physical aggression

☐ Displays verbal aggression

☐ Frequent or Infrequent elopement

☐ Working above grade level

☐ Other (please describe below)

I certify that the information provided above and on this enrollment packet is true and accurate to the best of my knowledge.

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Student) \_\_\_\_\_ Date \_\_\_\_\_



## Special Education Program Information

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Student's Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

School Previously Attended: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please answer the following questions.

A. Has your child received special education services (ESE) through an exceptional student education plan or an Individual Education Plan (IEP)?

☐ YES ☐ NO

B. Is your child's educational program modified or does he/she receive modifications based on a Section 504 Plan?

☐ YES ☐ NO

C. Does your child receive speech or language services or is he/she eligible to receive speech or language services?

☐ YES ☐ NO

D. Are there other items of special interest that you wish to tell us about your child regarding specific programs that he/she has participated in?

☐ YES ☐ NO

Please explain:

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What is your child's diagnosis? (If none, write N/A) \_\_\_\_\_

Please provide a copy of your Individual Educational Plan with the registration.

Is your child a recipient of the StepUp for Students? \_\_\_\_\_

What is the annual funding amount? \_\_\_\_\_



## Home Language Survey

To be completed by parent/guardian

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Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Student Language \_\_\_\_\_

Parent Language \_\_\_\_\_ Date entered US \_\_\_\_\_

1. Is language other than English used in the home? Yes \_\_\_ No \_\_\_ Language: \_\_\_\_\_

2. Did the student have a first language other than English? Yes \_\_\_ No \_\_\_ Language: \_\_\_\_\_

3. Does the student most frequently speak a language other than English? Yes \_\_\_ No \_\_\_  
Language: \_\_\_\_\_

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

School \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el padre/la madre o tutor/a

Nombre del Estudiante \_\_\_\_\_ No. De I.D. \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_\_ Grado \_\_\_\_\_ Idioma del Estudiante \_\_\_\_\_

Lengua materna \_\_\_\_\_ Fecha de Entrada a los Estados Unidos: \_\_\_\_\_

1. ¿Usan en su casa algún otro idioma que no sea el inglés? Si \_\_\_ No \_\_\_ Idioma: \_\_\_\_\_

2. ¿Tuvo el estudiante una lengua materna distinta al inglés? Si \_\_\_ No \_\_\_ Idioma: \_\_\_\_\_

3. ¿Habla el estudiante frecuentemente otro idioma que no sea el inglés? Si \_\_\_ No \_\_\_  
Idioma: \_\_\_\_\_

Si responde "Si" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cuál es su conocimiento del inglés.

Escuela \_\_\_\_\_

Firma del Padre/Madre \_\_\_\_\_ Fecha \_\_\_\_\_



## SONDAJ SOU KI LANG TIMOUN NAN PALE

Paran/gadyen dwe ranpli

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Non Elev la \_\_\_\_\_ I.D. Elèv La \_\_\_\_\_

Dat nesans \_\_\_\_\_ Klas \_\_\_\_\_ Lang Elèv \_\_\_\_\_

Lang paran \_\_\_\_\_ Dat kit e antre nan U.S. \_\_\_\_\_

1. Eske se lang ki pa Anglè ki itilize nan kay la? Wi \_\_\_\_\_ Non \_\_\_\_\_ Lang: \_\_\_\_\_

2. Eske elèv la gen yon premye lang ki pa Anglè? Wi \_\_\_\_\_ Non \_\_\_\_\_ Lang: \_\_\_\_\_

3. Eske elèv la pi souvan pale yon lang ki pa Anglè? Wi \_\_\_\_\_ Non \_\_\_\_\_ Lang: \_\_\_\_\_

**Si repons lan se "WI" nan nenpòt nan kesyon sa yo, elèv la dwe teste pou konpetans nan lang angle.**

Lekòl \_\_\_\_\_

Siyati Paran \_\_\_\_\_ Dat \_\_\_\_\_



## EXPULSION POLICY ACKNOWLEDGEMENT

It may be necessary, in particular instances, for the Administration to discontinue a child's attendance. Although the utmost effort will be made to rectify a difficult situation before a decision is made, such decision is based on the best interest of that child and the overall operation of the school.

The following are some examples for termination/expulsion. However, other situations may also lead to expulsion at the discretion of administration.

- Non-payment of tuition and fees (Parent is responsible for any tuition and fees not covered by the Scholarship)
- Abuse of children, staff or property (verbal or physical)
- The school's inability to meet the needs of the child
- Violation of school policies by students or parents
- Disruptive behavior by students or parents
- Dangerous behavior by students or parents
- Fighting or physical altercations

Due to the reasons noted above, but not limited to these, we may terminate your child's enrollment at any time during the school year. If termination is deemed necessary, you will be notified and it may take effect immediately, based on the severity of the situation and the decision of the administration.

By signing this document, I acknowledge that I understand the expulsion policy and have read the student handbook and code of conduct. I understand that my registration fees and current tuition payments are non-refundable.

Parent Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Cambridge International Academy  
 14850 NW 20 Street  
 Pembroke Pines, FL 33028  
[Ada.gonzalez@cambridgeia.org](mailto:Ada.gonzalez@cambridgeia.org)

## Request for Student Information

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission to \_\_\_\_\_

(Previous School Name and Address)

for the release of school information concerning my child to **CAMBRIDGE INTERNATIONAL ACADEMY**.

By signing below, I agree to waive my right to access my child's teacher(s) and principal/counselor recommendations or to any other confidential material used for the admission process.

\_\_\_\_\_  
 Parent Signature

To the Principal, Counselor or Teacher:

The above named student has applied for admission to Cambridge International Academy. Please complete this form, attach a copy of the student's most recent standardized test results, and mail or email to the attention of Ada Gonzalez, Principal. Parents may **NOT** "hand deliver" this form to Cambridge International Academy.

The information provided on this form will only be used in the admission process and will not become part of the student's permanent record. This data will be used to compare the above named student with other qualified candidates. (Thank you for your assistance).

### Leadership

- ☐ Positive influence
- ☐ Usually a follower
- ☐ Negative influence.

### Cooperation

- ☐ Usually cooperative
- ☐ Sometimes cooperative
- ☐ Uncooperative

### Dependability

- ☐ Dependable
- ☐ Sometimes dependable
- ☐ Does not meet obligations

### Emotional Stability

- ☐ Well-balanced and mature  
☐ Maturity consistent with age  
☐ Immature, unpredictable

### Relation of Achievement to Ability

- ☐ Overachiever  
☐ Average achiever  
☐ Underachiever

age

18 Instructional Levels: \_\_\_\_\_ Reading. \_\_\_\_\_ Math

General Citizenship: \_\_\_\_\_ Outstanding \_\_\_\_\_ Adequate \_\_\_\_\_ Needs Improvement

Has applicant been expelled from your school? \_\_\_\_\_ yes \_\_\_\_\_ No

Has the student been enrolled in any ESE programs? \_\_\_\_\_ yes \_\_\_\_\_ No

Has the student ever been involved in acts of dishonesty? \_\_\_\_\_ yes \_\_\_\_\_ No

Has the student participated in or caused disruptive behavior? \_\_\_\_\_ yes \_\_\_\_\_ No

Has the student ever been suspended? \_\_\_\_\_ yes \_\_\_\_\_ No

### Do the parents of the student:

Always

Most of the time

Rarely

Show support for the school by volunteering? \_\_\_\_\_

Cooperate with the teacher in the areas  
of homework and academic assistance \_\_\_\_\_

Meet their financial obligations to the school? \_\_\_\_\_

(not applicable for public schools) \_\_\_\_\_

Please add any additional comments that you feel would be helpful in our evaluation of the applicant.

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Signature

Title

Date

Printed Name \_\_\_\_\_

Phone: \_\_\_\_\_

STANDARDIZED TEST RESULTS: \_\_\_\_\_ Attached \_\_\_\_\_ No testing available