



Brito Miami Private School

Home of the Panthers

panthers@britomiamiprivate.com

2732 S.W. 32 Avenue

Miami, FL 33133

Admission Application/Aplicación de Admisión

School Year _____ / _____
Curso Escolar

Date _____
Fecha

Grade Level _____
Nivel de Grado

Personal Information

Child's Name _____ Social Security _____ - _____ - _____
Nombre del niño(a) Seguro Social

Date of Birth _____ City of Birth _____ Sex: F _____ M _____
Fecha de Nacimiento Ciudad de Nacimiento Sexo

Race _____ Ethnicity _____ Primary Home Language _____
Raza Etnicidad Lengua Materna Primaria

Address _____
Dirección

City _____ State _____ Zip Code _____
Ciudad Estado Código Postal

Chapter 1006.07(1)(b), requires that any student seeking admission to an educational institution in the State of Florida will provide the following information at the time of initial registration.

1. Has the student ever been expelled from any school, in or out of the State of Florida? Please answer by marking (X) on your response. NO YES
If your answer to question 1 is "YES", please list each and every instance for which the student was expelled.

2. Please state whether the student has ever been arrested, where the arrest resulted, and if the student was formally charged. Please list each and every arrest which resulted in formal charge.

3. Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System? If so, state each action taken by the Juvenile Justice System which involved the student.

Family Information

Name of Mother _____ Nombre de la Madre	Profession or occupation: _____ Profesión u ocupación
Home #: _____ Casa	Work #: _____ Trabajo
Cell #: _____ Celular	

Father _____ Nombre del Padre	Profession or occupation: _____ Profesión u ocupación
Home #: _____ Casa	Work #: _____ Trabajo
Cell #: _____ Celular	

Who does the child reside with? **Both Parents** _____ **Mother** _____ **Father** _____ **Other** _____
 Con quien reside el niño(a) Ambos padres Madre Padre Otro

Who will be financially responsible for the child's account? **Both Parents** _____ **Mother** _____ **Father** _____ **Other** _____
 ¿Quién será responsable económicamente por la cuenta del niño? Ambos padres Madre Padre Otro

If parents are divorced or separated, who has legal custody of the applicant? _____
 Si los padres están divorciados o separados; ¿Quien tiene custodia sobre el aplicante?

If parents reside at different addresses, do you wish to receive double mailings? _____ **If so, please indicate other address**
 Si los padres residen en diferentes direcciones; ¿Necesitan correspondencia doble? Por favor indique la otra dirección.

E-mail Address _____ **Driver License** _____
 Correo Electrónico Licencia de conducir

Academic History

Last/current school attended? _____
 Colegio al que asistió el curso pasado o actualmente

Club Affiliations/Student Involvement: _____

Last grade attended? _____ **Current Cummulative G.P.A/** _____
 Último grado cursado Promedio Académico (Cumulativo)

Disclose any special needs or disabilities of the child.

Señalar cualquier necesidad especial o impedimento físico del niño(a).

If the applicant is currently receiving extended time or any other accommodation a current and complete psycho-educational evaluation must be submitted. The psycho-educational report must be from a licensed psychologist administered and within the last 12 months. In addition, if the student has an Individualized Education Plan (IEP), a copy is also requested to be submitted for their file.

Comment on any allergy or problem that may keep the student from participating in regular school-day activities.

Padece el niño(a) de alguna alergia o cualquier otro problema que le impida participar de las actividades regulares.

Additional Services

After School Care _____	Homework Class _____	After School Course Recovery _____	ESL _____	Hot lunch _____
Cuidado Adicional	Tarea Dirigida	Recuperación de Materia	Ingles para Extj.	Almuerzo Caliente

Remarks: _____

Observaciones

Referred by: _____

Referido por

I hereby apply for registration of my child for the school year _____ / _____ and I authorize my child to participate in all school activities within and off school premises. I fully understand that our educational programs are geared for average to above-average students. In addition, we offer a limited program designed for students with mild diagnosed learning disabilities.

Por la presente solicito la inscripción de mi hijo(a) en el curso escolar _____ / _____ y le doy autorización para que participe en todas actividades de la escuela tanto en los terrenos de Brito Miami Private School como fuera de estos. Además señalo que es mi conocimiento, que nuestros programas educacionales están dirigidos para estudiantes de nivel medio y avanzado. Además, ofrecemos un programa limitado diseñado para estudiantes diagnosticados con leves dificultades de aprendizaje.

Applications must be completed and submitted to the office of admissions via e-mail: g.gomez Hidalgo@britomiamiprivate.com along with required documentation.

Signature of parent or guardian/Firma del padre o tutor

Date/Fecha