



# Brito Miami Private School

Home of the Panthers

panthers@britomiamiprivate.com

3030 Coral Way Miami, FL 33145

## Admission Application/Aplicación de Admisión

School Year \_\_\_\_\_/\_\_\_\_\_  
Curso Escolar

Date \_\_\_\_\_  
Fecha

Grade Level \_\_\_\_\_  
Nivel de Grado

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### Personal Information

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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 instance for which the student was expelled.

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

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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.

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\_\_\_\_\_

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### Family Information

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

<b>Father</b> _____ Nombre del Padre	<b>Profession or occupation:</b> _____ Profesión u ocupación	
<b>Home #:</b> _____ Casa	<b>Work #:</b> _____ Trabajo	<b>Cell #:</b> _____ 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; ¿Quién 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

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## Academic History

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**Last/current school attended?** \_\_\_\_\_  
Colegio al que asistió el curso pasado o actualmente

**Club Affiliations/Student Involvement:** \_\_\_\_\_

**Last grade attended?** \_\_\_\_\_  
Último grado cursado

**Current Cumulative G.P.A./** \_\_\_\_\_  
Promedio Académico (Cumulativo)

**Disclose any special needs or disabilities of the child.**

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

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*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.

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## Additional Services

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<b>After School Care</b> _____ Cuidado Adicional	<b>Homework Class</b> _____ Tarea Dirigida	<b>After School Course Recovery</b> _____ Recuperación de Materia	<b>ESL</b> _____ Ingles para Extj.	<b>Hot lunch</b> _____ Almuerzo Caliente
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**Remarks:** \_\_\_\_\_  
Observaciones

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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.gomezhidalgo@britomiamiprivate.com](mailto:g.gomezhidalgo@britomiamiprivate.com) along with required documentation.**

\_\_\_\_\_  
Signature of parent or guardian/Firma del padre o tutor

\_\_\_\_\_  
Date/Fecha