

The American Cooperative School | Registration

Mailing address: The American Cooperative School
C/O American Embassy | La Paz, Bolivia

E-Mail Address: acs@acslp.org

Telephone Numbers: 591-2-279-2302 | 591-2-279-4750 Fax: 591-2-279-7218

Registration Instructions

Please print neatly, or type in black ink, and send to the above mailing address; or delete the horizontal lines below, type in the information electronically with a text editor (e.g., MS Word), and send this document to the above email address as an attachment with the subject line, "ACS Registration".

Fill in the Fields that Apply

Today's Date: Day: _____ | Month: _____ | Year: _____

I Student Identification

Birth Date: Day: _____ | Month: _____ | Year: _____

Gender: Male: _____ | Female: _____

Last Name: _____

First Name: _____

Middle Name: _____

Preferred Name: _____

Passport or Carnet de Identidad Number: _____

Country: _____

II Enrollment

Enroll: _____ | Reenrollment: _____ (Select only one)

Indicate desired grade level and starting date:

Grade Level: _____

Starting Date: Day: _____ | Month: _____ | Year: _____

III Permanent Address and Contact Information

Number: _____ Street: _____

City/State/Country: _____

Primary Tel. Number: _____ Secondary Tel. Number: _____

Parent E-Mail Address: _____ Fax Number: _____

IV Emergency Contact Information

Person to Contact in an Emergency: _____

Primary Tel. Number: _____ Secondary Tel. Number: _____

E-Mail Address: _____ Fax Number: _____

V Student Personal Data

Country of Birth: _____
Country(ies) of Citizenship: _____
Main Language Spoken at Home: _____
Medical Conditions (if any): _____

VI Family Data

Father's Name: _____ Birth Place: _____
Country(ies) of Citizenship: _____
Address (if different from student's): _____
Occupation: _____
Agency Affiliation: _____ Employer's Name: _____
Employer's Address: _____

Mother's Name: _____ Birth Place: _____
Country(ies) of Citizenship: _____
Address (if different from student's): _____
Occupation: _____
Agency Affiliation: _____ Employer's Name: _____
Employer's Address: _____

Full name(s) of person(s) with whom student lives (if not parents):
Name(s): _____
Address: _____
Relationship: _____

Names, Ages, etc. of Other Children in the Family:

- 1. Name: _____ Birth Date (Day/Month/Year): _____
In what? School: _____ or Work: _____ (Check only one)
- 2. Name: _____ Birth Date (Day/Month/Year): _____
In what? School: _____ or Work: _____ | (Check only one)
- 3. Name: _____ | Birth Date (Day/Month/Year): _____
In what? School: _____ or Work: _____ (Check only one)
- 4. Name: _____ Birth Date (Day/Month/Year): _____
In what? School: _____ or Work: _____ (Check only one)
- 5. Name: _____ Birth Date (Day/Month/Year): _____
In what? School: _____ or Work: _____ (Check only one)

Please check any/all that apply:

U.S. Gov't Employee Agency: _____
U.S. Military: _____
Bolivian Government: _____
Bolivian Military: _____
Will Use School Bus: _____

Other Diplomatic Status: _____
Contracted in Bolivia for _____ Years
Exchange Student: _____
Missionary: _____
Other: _____

VII School History (put most recent first)

1. Grade (s): _____ | Name of School(s): _____
City, State, Country: _____ | Years of Attendance: _____
2. Grade (s): _____ | Name of School(s): _____
City, State, Country: _____ | Years of Attendance: _____
3. Grade (s): _____ | Name of School(s): _____
City, State, Country: _____ | Years of Attendance: _____
4. Grade (s): _____ | Name of School(s): _____
City, State, Country: _____ | Years of Attendance: _____

Indicate Yes or No

Has your child ever been expelled from any school for academic reasons?

Yes: _____ | No: _____

Has your child ever been expelled from any school for behavioral reasons?

Yes: _____ | No: _____

Has your child ever been placed on academic and/or behavioral probation?

Yes: _____ | No: _____

Has your child ever been diagnosed as having a learning disability or an educationally handicapping condition? Yes: _____ | No: _____

Has your child received failing grades in any subject or subjects? Yes: _____ | No: _____

Does your child have any physical and/or emotional difficulties of which the school should be aware? Yes: _____ | No: _____

Please describe any "YES" responses on the reverse side. Failure to respond honestly and completely to the above questions may be considered as basis for expulsion.

If you would like to discuss any matters with school personnel, please check below:

Principal: _____

Counselor: _____

Nurse: _____

Teacher(s): _____

Subjects : _____

I UNDERSTAND THAT THE ACCEPTANCE OF MY CHILD AS A STUDENT IN THE AMERICAN COOPERATIVE SCHOOL IS SUBJECT TO THE CONDITIONS FOR ADMISSION ACCORDING TO THE STATUTES OF THE AMERICAN COOPERATIVE SCHOOL, THE RULES AND REGULATIONS OF THE BOARD OF TRUSTEES, AND THE DIRECTOR OF THE SCHOOL. I AGREE TO ABIDE BY THESE REGULATIONS AND CONDITIONS, AND I UNDERSTAND THAT ANY FALSIFICATION OF STATEMENTS MADE ON THIS FORM MAY BE CAUSE FOR REMOVAL FROM SCHOOL. I AGREE TO ALLOW SCHOOL PERSONNEL TO SECURE EMERGENCY FIRST AID TREATMENT FOR MY CHILD IN THE EVENT OF AN ACCIDENT AND THEN TO NOTIFY ME AS SOON AS POSSIBLE.

I UNDERSTAND THAT ON ACCEPTANCE OF MY CHILD FOR ADMISSION, REGISTRATION, BOOK FEES, ETC. ARE PAYABLE AND ARE NOT REFUNDABLE. I ALSO UNDERSTAND THAT TUITION WILL BE PAYABLE BY THE YEAR AND WILL BE REFUNDABLE FOR ANY QUARTER NOT ATTENDED. IF MY CHILD ATTENDS ALL OR PART OF A QUARTER, THAT QUARTER'S FEES WILL NOT BE REFUNDED.

I AGREE TO ABIDE BY THE RECOMMENDATION OF THE FACULTY AND ADMINISTRATION NOT TO CONTINUE AT THE AMERICAN COOPERATIVE SCHOOL IN THE EVENT THAT THE ACADEMIC PROGRAM AND/OR THE LANGUAGE OF INSTRUCTION ARE BEYOND THE CAPABILITIES OF MY CHILD.

Parent or Guardian's Signature: _____

Day: _____ | Month: _____ | Year: _____

** Electronic submissions do not require a signature; please type your full name in this case, and sign upon your arrival at The America Cooperative School.*