



CARIBBEAN SCHOOL, INC.

Urb. La Rambla
1689 Calle Navarra
Ponce, PR 00730-4043
Tel: (787) 843-2048 Fax: (787) 844-5626

PRE-REGISTRATION CERTIFICATION

Academic Year 20____ - 20____

Today's Date: _____

_____ has applied for enrollment at Caribbean School for grade _____.
(Student's Name)

Date of birth: _____ Current Age: _____

(Parents' Names / or Guardians)

Mailing Address:

Cell #1: _____

Cell #2: _____

Work #: _____

E-mail address: _____

Pending documents to receive: (*Office Use Only*)

- _____ a) New Student Application Form
- _____ b) Caribbean School Health Record Form
- _____ c) Student Pick-Up Authorization Form
- _____ d) Copy of official transcript and/or most recent report cards (*grades 1 - 12*)
- _____ e) Green Vaccination Form P-VAC-3 (Up-to-date immunizations required) (___ White copy only)
- _____ f) One 2 X 2 picture
- _____ g) Testing Fee (\$25) (*Non-refundable*)
- _____ h) Birth Certificate (*copy*)
- _____ i) Dental Form (Form SO-001) (K, 2, 4, 6, 8, 10)
- _____ j) Recommendation Letter (*grades K-12*)
- _____ k) Questionnaire
- _____ l) Enrollment Form and Conditions of Enrollment (one document)

(*Office Use Only.*)

Comments: _____

_____ Admitted (parent advised _____)

_____ Not admitted (parent advised _____)

_____ Admitted pending receipt of documents (parent advised)

_____ Admitted with a Conditional Letter (attached)

_____ Parent decision - waiting for personal reasons

_____ Recommended for admission*

Approved by Dean of Academics

Date

Head of School

Date

***Recommendation for admission does not necessarily mean that student has been accepted.**

Revised: 02/10/23