

APPLICATION FORM

Applicant Information

Applying for Grade: Pre I Pre II Kinder 1 2 3 4 5 6 7 8 9 10 11 12

Family Name		First Name		Middle Name	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth	mm/dd/yyyy
Place of Birth					
Nationality					
Spoken Language	First		Second		Home
Religion	<input type="checkbox"/> Baptized <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation				
ID (RG/RNE/PASSPORT)			All Passports held		
Home Address				ZIP CODE/DISTRICT	
Home Phone Number				Home Fax Number	
Expected Length of stay in Brazil					

Family Information

Father's Name		Mother's Name	
CPF		CPF	
Nationality		Nationality	
Place of Birth		Place of Birth	
First Spoken Language		First Spoken Language	
Second Spoken Language		Second Spoken Language	
Languages Spoken at Home		Languages Spoken at Home	
Religion		Religion	
Former Chapel student?		Former Chapel student?	
Home Address		Home Address	
Home Phone		Home Phone	
Home Fax		Home Fax	
Company		Company	
Company Address		Company Address	
Work Phone		Work Phone	
Work Fax		Work Fax	
Job Title		Job Title	
Profession		Profession	

Email		Email	
Mobile Phone		Mobile Phone	
Secretary's Name		Secretary's Name	
Marital Status of Natural Parents	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Who has the custody?	<input type="checkbox"/> Father <input type="checkbox"/> Mother		
School Tuition will be paid by	<input type="checkbox"/> Company <input type="checkbox"/> Family <input type="checkbox"/> Other (please explain below)		
If the company is paying school tuition, please indicate what percentage			

Academic Information

Name of Current School		Country		City	
School Phone Number		School Type	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Boarding <input type="checkbox"/> Other		
Contact Person		Title			
Years Attended					
Current Grade		Last Grade Completed			
Does your child receive tutoring in English	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of tutor		Phone			
		Date initiated course			
Name of English Preparatory School		Phone			
		Date initiated course (if applicable)			

Admission Information

Has the applicant skipped a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which grade:	
Has the applicant repeated a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which grade:	
Has the applicant been disciplined by the school administration?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Programming	
	<input type="checkbox"/> Individual educational program
	<input type="checkbox"/> Title one
	<input type="checkbox"/> Gifted Program / Advanced Placement
	<input type="checkbox"/> Special services from outside professional
	<input type="checkbox"/> Tutoring <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech <input type="checkbox"/> Language <input type="checkbox"/> Physical / Occupational Therapy <input type="checkbox"/> Other (specify):

Sibling Information

Please list other children:

NAME	AGE	GRADE	SCHOOL ATTENDING	APPLYING TO CHAPEL?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Statement

In a brief paragraph, discuss your reasons for wanting your child to become part of the Chapel academic community.

If necessary, I authorize Chapel School to request information from my son/daughter's previous school. I understand that the completion of this form does not guarantee or hold a position for my child.

Signature _____	Date mm/dd/yyyy
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