



## CONTRACT AND REGISTRATION FORM SCHOOL YEAR 2017-2018

This contract is available in English/Spanish.

### I. Family Information

#### I A. Information of Mother, Father or Guardian

*Items with asterisk (\*) may be published for the Pan-American community.*

**\*Name of Father or Legal Guardian (please include both Family Names if applicable):**

\_\_\_\_\_

Passport No. or I.D. Card No.: \_\_\_\_\_

\*Nationality: \_\_\_\_\_

\*Profession: \_\_\_\_\_

\*Occupation/Position: \_\_\_\_\_

\*Company/Business: \_\_\_\_\_

Post Office Number, including Postal Code: \_\_\_\_\_

**\*Name of Mother or Legal Guardian (please include both Family Names if applicable):**

\_\_\_\_\_

Passport No. or I.D. Card No.: \_\_\_\_\_

\*Nationality: \_\_\_\_\_

\*Profession: \_\_\_\_\_

\*Occupation/Position: \_\_\_\_\_

\*Company/Business: \_\_\_\_\_

#### I B. General Student Information:

Full Name: \_\_\_\_\_ Level: \_\_\_\_\_

ID or Passport No: \_\_\_\_\_

Nationality (1): \_\_\_\_\_ Nationality (2): \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Mother Tongue: \_\_\_\_\_ Other Language(s): \_\_\_\_\_

Date of Birth (day/mo./yr.) : \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Student lives with (check all that applies): Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

## II A. Address Information:

*Mail information and phone lists may be published for the use of Pan-American School community (staff and parents)*

**Family home (1):** Exact address:

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Province: \_\_\_\_\_ Canton: \_\_\_\_\_ District: \_\_\_\_\_

**If you wish to register an additional address in Costa Rica, please complete the following information:**

**Family home (2):** Exact address:

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Province: \_\_\_\_\_ Canton: \_\_\_\_\_ District: \_\_\_\_\_

**Please include the emails and check the boxes indicating your preferences for receiving and accessing information.**

| E-Mails           | Grades | Monthly Statements | Progress Reports | Enrollment renovation | Attendance Records | Mailing lists | SIPAS * |
|-------------------|--------|--------------------|------------------|-----------------------|--------------------|---------------|---------|
| Personal - Father |        |                    |                  |                       |                    |               |         |
| Work Father       |        |                    |                  |                       |                    |               |         |
| Personal Mother   |        |                    |                  |                       |                    |               |         |
| Work Mother       |        |                    |                  |                       |                    |               |         |
| Student email     |        |                    |                  |                       |                    |               |         |

\* Integrated Information System of Pan-American School

| Telephones                                | Number |
|---|--------|
| Father cell phone number                  |        |
| Father work phone number                  |        |
| Mother cell phone number                  |        |
| Mother work phone number                  |        |
| Family home 1                             |        |
| Family home 2                             |        |
| Student cell phone number (if applicable) |        |
| Other phone (please specify)              |        |

## II B. Student Medical Information

**Student's Name:** \_\_\_\_\_

The following information will be treated as confidential and will be part of the student medical file. Please provide this information as accurately as possible. Include any information you consider pertinent, using the back of the page if necessary.

1. Does the student have any hearing problems? Explain. \_\_\_\_\_

2. Does the student use eyeglasses, reading glasses, permanent or otherwise? Explain.  
\_\_\_\_\_

3. Please provide details of any allergic reaction to any of the following: medicines, food, bites, pollen, dust, or other. \_\_\_\_\_

4. Does the student currently have or has in the past any disease or ailment? (i.e. asthma or chicken pox)  
\_\_\_\_\_

5. Physical disabilities ( ) Yes ( ) No. If yes, please list \_\_\_\_\_

6. Special Dietary Needs / Restrictions \_\_\_\_\_

7. Has the student been subjected to any type of surgery? Explain.  
\_\_\_\_\_

8. If the student has been hospitalized, please list the reason(s).  
\_\_\_\_\_

9. Has the student used or is using long-term medication? If so, please explain and indicate current dosage. \_\_\_\_\_

10. Any other health-related information which could be relevant to the student's education and or development:  
\_\_\_\_\_

**Please attach a copy of the vaccination record.** In case of emergency, our procedure is as follows:

a) Administer first aid.

b) If necessary, call an ambulance service.

Please indicate the Hospital of your choice for your child: \_\_\_\_\_

c) Call the parent or, in unavailable, contact the following persons:

Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

d) Contact the family doctor if necessary:

Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

The undersigned authorizes the School and its staff to take whatever measures are deemed necessary to safeguard the health and safety of the student.

### III. Educational Services Contract

We, \_\_\_\_\_ parents or guardians of \_\_\_\_\_

\_\_\_\_\_ and Pan-American School enter into the

Educational Services Registration contract for the 2017-2018 school year and agree to abide by the following clauses:

- a) The parents or legal guardians state that they are not limited in any way to exercise parental rights over this child, and therefore are legally able to subscribe to this contract and make decisions about the education of their child. They also agree to read and abide by all School regulations and policies, and to ensure that their child follows them. These regulations can be accessed through the School's web page, [www.panam.ed.cr](http://www.panam.ed.cr), or can be requested by e-mail or in printed form. These regulations and policies constitute an Annex to this contract and the parent or guardian is responsible for requesting clarification on any point in doubt. The School reserves the right to vary these regulations and policies as deemed convenient, and will inform parents of any such changes via email. Parents and guardians will have 10 working days to present to the Principal any objections or comments regarding the changes once they are notified. The School will have 10 working days to respond to parent comments and objections.
- b) The undersigned parent(s) or legal guardian(s) accept(s) the conditions contained in the School's regulations regarding School field trips and authorize(s) his/her child(ren) to participate in field trips which are part of the school curriculum and sport outings. In addition, the school is expressly authorized to create accounts in the student's name using online services for use within the Pan-American School community, as long as they are not accessible to third parties, outside the community.
- c) With the student's welfare in mind, the parent or guardian accepts to work together with the teaching staff, the learning support staff, and the respective Principal in resolving any academic and/or social issues that may arise.
- d) It is understood that photographs will be taken of PAS students for information and publicity purposes and that the picture of your child may be included in school publications. Student names will not be mentioned in publications to protect their identity, according to Costa Rican law.
- e) Every student enrolled at Pan-American School must pay the Admissions Fee upon initial enrollment and the registration fee for each subsequent year. These fees are non-reimbursable. The registration fee can be paid in monthly payments prior to the due date upon request.
- f) Investment in a Pan-American School education entails annual costs including tuition and additional fees that are established for each level and each semester, plus the cost overnight field trips that are charged separately and in dollars. One co-curricular class is included in the fees; additional classes may require an additional payment. Other expenses include bus service, supplies, uniforms, photos, and cafeteria purchases as required. Individual student needs and / or special activities may generate additional charges. For more information see the Financial Information and Co-curricular brochures for the 2017-2018 year.
- g) Monthly invoices must be paid by the due date on each month's bill. After this date, there will be a daily late fee.
- h) The School reserves the right to suspend any related services provided to any student whose account is not up-to-date. Likewise, it may suspend educational services, co-curricular classes or limit participation in opportunities to students with overdue bills, according to Regulation 24017, pertaining to Private Schools, of the Ministry of Education.

i) This contract is valid for the academic year 2017-2018. Parents of students who enter in the 11th grade understand and accept that their child will enter the two year International Baccalaureate Program which leads to the earning of the International Baccalaureate Diploma. The Costa Rican National Baccalaureate, necessary to undertake university studies in Costa Rica, is also earned through the exemption of the exams in English, Spanish, Science and Mathematics; students will required to pass the Ministry of Education exams in Social Studies and Civics, according to the regulations of law 26074 of the International Baccalaureate.

j) Invoices are sent via e-mail to the person/company indicated below. Parents and guardians are jointly responsible for the payment of tuition fees, additional services, and damages for which the student is responsible, even when billed to a single parent or a company.

Name: \_\_\_\_\_ E-mail \_\_\_\_\_  
Invoice in the name of individual or company E-mail address(es) for invoices

k) The parent or legal guardian consents to receive notifications to the email(s) listed above

Signature of the father, mother or legal guardian: \_\_\_\_\_

Date \_\_\_\_\_

Pan-American School, General Director: \_\_\_\_\_