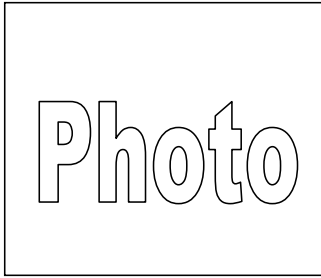


Colegio Interamericano

Boulevard "La Montaña" Finca El Socorro, Zona 16 GUATEMALA CITY
 Phone numbers: (502) 2364-1803, 2364-1778. Fax: (502) 2364-1779

APPLICATION FOR ENROLLMENT



Recibida por:
Fecha:
Vo.Bo. del Director de Sección:
Recibido en Orientacion por:

ADD TO THIS APPLICATION FORM

1. Copy of grade reports for the last 3 years
2. 1 recent photo
3. Reference letter regarding conduct and/or grades from previous school's administration office
4. If the student comes from a foreign country, s/he must present a letter from the previous school explaining the educational and grading system for the institution/country.
5. Proof of solvency of debt form previous school.

NOTE:
 NO APPLICATION FORM
 WILL BE PROCESSED WITHOUT
 THESE PREREQUISITE DOCUMENTS.

Requested Grade:
Year:
Native Language:

I. Student Information

Last names		Name		Gender
Address in Guatemala		Phone number:	Age in Sept:	
Date of Birth (dd/mm/yyyy)	Birthplace:		Nationality	
The child is living with:	Last grade completed:	Country:	School:	
Reason for changing schools:				

II. Parents Information

Datos	Father	Mother
Last Names		
Name		
Nationality		
Birthdate		
Birthplace		
Language		
Marital Status		
Cedula or Passport No.		
Guatemalan Address		
Guatemalan Phone Number		
Profession		
Place of Work		
Position		
Business Phone		
Business Address		
E-mail		
Highest Degree Completed		

III. Schools applicant has been to previously

No.	School	Place	Entry date	Leave date	Grade Level
1					
2					
3					
4					
5					
6					

IV. Names of children including applicant

No.	Name	Birth Date	Gender	School	Grade
1					
2					
3					
4					
5					
6					

V. Other information

CAG Alumni YES NO Year of Graduation _____ Active Prtner of AECAG YES NO YEAR _____

CIG Alumni YES NO Year of Graduation _____ Active Partner of AECL YES NO YEAR _____

Has you child repeated a grade or has been expelled fron school? NO YES, Please explain:

Personal References:

VI. OBSERVATIONS/COMMENTS

To the best of my knowledge, the information I have given is true and accurate. I understand that any withheld information may affect the admission process.

 DATE

 SIGNATURE

Please mail to the address listed or return, in person, this application along with all the required documents to the Admission's office