

Today's Date _____

FDS _____ LDS _____

Admissions Application

Paradise Welcomes Children of all Races, Colors, Religions, National and Ethnic Origins. Rev. 010/2015
 PCS: DCF 11MD0782 TW: DCFC11MD1040

Child Information / Informacion del Estudiante

Child's Name: _____ **Birthdate:** ____/____/____
 Nombre del niño/a **Last Name** **First Name** **Middle Name** Fecha de **Month** **Day** **Year**
 Apellido Primer Nombre Segundo Nombre Nacimiento Mes Día Año

Address: _____ **Apt.** _____ **City:** _____ **State:** _____ **Zip Code:** _____
 Dirección Apartamento Ciudad Estado Código Postal

Sex of child: M / F **Social Security #** _____ - _____ - _____
 Sexo del niño/a Numero del Seguro Social

Birthplace: _____ **Nationality:** _____
 Lugar de Nacimiento Nacionalidad

Child lives with: _____
 Con quien vive el niño/a

Custody: **Mother** **Father** **Both** **Other:** _____
 Custodia Madre Padre Ambos Otro

Family Ethnic Origin: _____
 Origen Étnico de la Familia

Child's Language(s) spoken: _____
 Idioma hablado por el niño/a

Primary: _____ **Secondary:** _____
 Primario Secundario



Please respond:	Yes	No
Has your child ever been in Early Steps?		
Has your child ever been in a Head Start Program		
Has your child ever been referred or evaluated by FDLRS: Florida Diagnostic Learning Resource center		
Has your child ever been evaluated? If yes, by whom?		
Has your child ever had any form of therapy? if yes, Which one?		
Does your child drink from a cup alone?		
Does your child use a pacifier?		
Does your child know how to use utensils such as a fork and spoon?		
Does your child chew and swallow solid foods?		
Does your child go to the bathroom without assistance?		
Do other individuals have difficulty understanding your child speak?		
Has your child ever attended school before? Which one: Escuela Previa a las cuales el niño ha asistido o asiste.		

Who should we thank for recommending you to Paradise Christian School ¿ _____
 A quien debemos agradecerle por haberlo recomendado Paradise Christian School ¿ _____



Medical Information/ Información Médica

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Yo otorgo permiso al personal del centro a contactar al siguiente personal medico para obtener cuidado medico de emergencia de ser necesario.

Pediatrician's name: _____ **Phone # :** _____ **Address:** _____
Nombre del pediatra Teléfono Dirección

Dentist name: _____ **Phone # :** _____ **Address:** _____
Nombre del dentista Teléfono Dirección

Hospital Preference: _____
Hospital de preferencia

Child's Medical Insurance Provider/HMO: _____ **Insurance ID/Policy #:** _____
Proveedor del seguro medico del niño/a Numero de identificación de la póliza

Which insurance: Marketplace Medicaid Florida Health Kids Employer

Allergies, Dietary or Special Needs (Must submit medical documentation) _____
Alergias, o Dietas o necesidades especiales (con documentación medica)

Special Needs or Medical conditions (Must submit medical documentation or IEP) _____
Necesidades especiales o condiciones medicas (con documentacion medica)

Does your child use an Epi-pen? Yes No

Concerns about child's Overall Health and Development: _____
Preocupación sobre la salud y/o desarrollo en general del niño/a

Permission for food related Activities & Special Occasion food consumption

PURsuant to 65C-22.005 (1) C2, FAC lísensed childcare facilities must obtain written permission from parents/ guardians regarding a child's participation in food related actities. These activities include things such as: Classroom cooking projects, gardening, school wide celebrations, and birthdays. **I give permission for my child to participate in food related activiteis and spcial occassions where in food is consumed.**

Please provide the following information:

YES, my child can participate. My child DOES NOT have a food allergy or dietary restriction.

YES, my child can participate. My child DOES have a food allergy or dietary restricted listed above.

No, My child MAY NOT participate in activities

Alert: Animal & Plants /Alerta: Animales y Plantas



Paradise is a Discovery Enriched School with a Special project: "Nature's Paradise". We have live animals/pets, wildlife and lots of plants. If there is an allergy or medical condition to animals and/or plants unfortunately our school environment will not be appropriate or meet the need of the child.

Paradise es una escuela enriquecida en el descubrimiento de las ciencias con su proyecto especial "Nature's Paradise". Nosotros tenemos un ambiente exótico natural con animales/mascotas y muchas plantas. Si su niño/a es alérgico o tiene una condición medica relacionada con animales y/o plantas, desafortunadamente nuestro ambiente escolar no es el mas adecuado para poder satisfacer la necesidad de su niño/a.

Admissions Application

Family Information / Información Familiar

Who should we thank for recommending you to Paradise Christian School? _____
A quien debemos agradecerle por haberlo recomendado a Paradise Christian School?

Mother / Madre

Is this the birth mother or the legal guardian? _____

Esta persona es la madre biológica o el guardián legal?

Is this person allowed to pick up child? _____

Esta persona tiene permiso para recoger al niño/a?

Mother's Name: _____

Nombre de la Madre Last First Middle

Birthdate: ____ / ____ / ____

Fecha de Nacimiento

Birthplace: _____ Ethnic Origin _____

Lugar de Nacimiento

Origen Étnico

Primary Language: _____

Idioma Primario

Social Security # _____ - _____ - _____

Numero del Seguro Social

Driver's License # _____

Licencia de Conducir

Religion: _____ Marital Status: _____

Religión

Estado Civil

Address: _____ Apt. _____

Dirección

Apartamento

City/State _____ Zip Code: _____

Ciudad /Estado

Código Postal

Home Phone: _____

Teléfono de la Casa

Cellular: _____ Cell phone Carrier: _____

Celular

Compañías de celular

E-Mail: _____

Correo Electrónico

Place of Employment: _____

Lugar de Empleo

Address of Employer: _____

Dirección del empleador

Work Phone: _____

Teléfono de Empleo

Mother's Signature: X _____

Firma de la Madre

Today's Date: _____

Father / Padre

Is this the birth father or the legal guardian? _____

Esta persona es el padre biológico o el guardián legal?

Is this person allowed to pick up child? _____

Esta persona tiene permiso para recoger al niño/a?

Father's Name: _____

Nombre del Padre Last First Middle

Birthdate: ____ / ____ / ____

Fecha de Nacimiento

Birthplace: _____ Ethnic Origin _____

Lugar de Nacimiento

Origen Étnico

Primary Language: _____

Idioma Primario

Social Security # _____ - _____ - _____

Numero del Seguro Social

Driver's License # _____

Licencia de Conducir

Religion: _____ Marital Status: _____

Religión

Estado Civil

Address: _____ Apt. _____

Dirección

Apartamento

City/State _____ Zip Code: _____

Ciudad /Estado

Código Postal

Home Phone: _____

Teléfono de la Casa

Cellular: _____ Cell phone Carrier: _____

Celular

Compañías de celular

E-Mail: _____

Correo Electrónico

Place of Employment: _____

Lugar de Empleo

Address of Employer: _____

Dirección del empleador

Work Phone: _____

Teléfono de Empleo

Father's Signature: X _____

Firma del Padre

Today's Date: _____



Paradise Christian School Admissions Application

Emergency Contacts and Pick up List / Contactos de Emergencia

If the person is not on the Emergency Contact, they cannot pick up your child. It is your responsibility to keep this list up to date. We cannot add anyone to this list. You cannot call and add someone to your list or send anyone that is not on this list. Remember to inform them that at time of pick up they must bring their driver's license or photo ID. No minors (under 18) are allowed to pick up your child. Any request for changes must be put in writing.

Si la persona no está en la lista de contactos de emergencia, no pueden recoger a su niño/a. Es su responsabilidad mantener esta lista actualizada. No podemos agregar a ninguna persona a esta lista. Usted no puede llamar y agregar a nadie a su lista o enviar a ninguna persona que no esté en esta lista. Recuerde informarles a las personas autorizadas que deben traer su identificación o licencia de conducir. Ningún menor de edad (menos de 18 años) puede recoger a su niño/a. Cualquier cambio debe ser echo por escrito.

Authorized Person Persona Autorizada	Is this person over the age of 18? Esta persona es mayor de edad?	Relationship Relación	Phone number Numero del Teléfono	Cellular number Numero del Celular
	DOB			
	DOB			
	DOB			
	DOB			
	DOB			
	DOB			

I understand the Emergency policy and pick up policy, I understand that each person will receive an ID code; it is the authorized person's responsibility to have their code upon picking up the child as well as an ID. I understand that I must sign in my child before entering the building and sign out before picking up my child. Attendance tracking is very important. If for any reason you neglect to sign in and out, this is grounds for your child to no longer be enrolled.

Yo entiendo las pólizas de contactos de emergencia y autorización para recoger a mi niño/a. Entiendo que cada persona autorizada recibirá un código de identificación, y es la responsabilidad de la persona tener su código y identificación cuando venga a recoger a su niño/a. Entiendo que debo registrar la entrada y salida de mi niño/a al entrar y salir del edificio. La contabilidad de la asistencia es muy importante. Si usted es negligente al uso del registro de asistencia esto puede ser causa para que su niño/a sea dado de baja del programa.

Family Commitment & Involvement / Compromiso Familiar

Please indicate your commitment to your child's education by signing the following statement: We understand that our commitment and participation in the educational process of our child is crucial to his/her success in school.

Por favor indique su compromiso en la educación de su hijo/a firmando lo siguiente: Entendemos que nuestro compromiso y participación en el proceso educativo de nuestro hijo/a es crucial para el éxito en la escuela.

We understand that we are required to: *(Entendemos que estamos requeridos a)*

- 1. Attend three family-teacher conferences at our child's school.**
Asistir a tres veces al año a conferencias familiares con los maestros en la escuela.
- 2. Attend four family meetings a year.**
Asistir a cuatro reuniones familiares al año

We agree to: *(Nosotros estamos de acuerdo en:)*

- 1. Welcome home visits and phone contacts by our child's teacher, room families and school administration.**
Recibir visitas en el hogar, contacto telefónico, comunicación de la maestra, administración y padres del salón
- 2. Participate in school activities including: fieldtrips, special occasions, open houses, and other school events.**
Participar en actividades escolares como paseos, ocasiones especiales, puertas abiertas, y cualquier otras actividades de la escuela.

We also understand the importance of regular attendance for our child, and will do our best to send him/her to school when healthy. We agree to keep our child, when sick, at home and make plans for someone to pick up our child when he/she becomes sick at school. We understand that our child needs to be in school before 9:00 and will not be accepted between 10:30am-2:30pm. We further understand that non-participation in the required activities could result in having my child removed from the program.

También entendemos la importancia de la asistencia regular para nuestro niño/a y haremos nuestro mayor esfuerzo para que asista al colegio cuando este saludable. Estamos de acuerdo en mantener a nuestro niño/a en casa cuando este enfermo y hacer arreglos para que sea recogido cuando el/ella se enferme en la escuela. Entendemos que nuestro niño/a debe estar en la escuela antes de las 9:00am y no será admitido entre 10:30am y 2:30pm. Finalmente, entendemos que el no participar en las actividades requeridas puede resultar en que mi niño/a sea removido del programa.

X _____
Mother's signature
 Firma de la madre

X _____
Father's signature
 Firma del padre

Paradise Christian School Admissions Application

Programs and Schedule- Programas y Horarios

	Program Programa	Hours Horario	Days Días	Meals Comidas			Comments Comentarios
				B:Breakfast	L: Lunch	S:Pm Snack	
		Hours needed	Days needed				
	Head Start	7:30-3:30	Mon-Fri				
	VPK		Mon-Fri				
	Subsized care		Mon-Fri Holidays				
	FAA/Federal						
	Military						
	Private						
	Other						

Notify the center of reasons for any absence. After 5 days without contact from the family, services may be terminated. You must provide written documentation for any absences. If ill must present a doctor's statement of non-contagious upon returning.

Notificar al centro la razón de cualquier ausencia. Después de 5 días sin contacto con las familias, el servicio será terminado. Ud. debe proveer documentación por escrito por cualquier ausencia. Si es por enfermedad tiene que presentar documentación del medico diciendo que el niño no esta contagioso.

1. Your program has indicated care for the designated time and days. Extended care must be reserved 2 weeks in advance.

Su programa a asignado horario y fechas designadas para el cuidado de su niño /a. Cuidado extendido debe ser reservado con 2 semanas de anticipación.

2. If you pick up your child after the designated time, there is a \$ 5.00 late pick up charge for every minute 5 minutes late per child (and/or increased amount which will be posted.) To be paid at time of pick up.

Si usted recoge a su niño/a después de las horas designadas por su programa se le cobrara un cargo de \$5.00 por cada 5 minutos de tardanza (este cargo es sujeto a cambio) que debe ser pagado a la hora de recogida.

3. I understand the school will be closed: Labor Day, Columbus Day, Veterans Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day, New Years Eve, New Year's Day, Martin Luther King's Birthday, Presidents Day, Good Friday, Memorial Day, Fourth of July and teacher workdays. If holiday care is available there is an additional fee.

Entiendo que la escuela estará cerrada: Día del Trabajo, Día del descubrimiento de América, Día del veterano, Día de acción de gracias y el día siguiente, Víspera de Navidad y día de Navidad, Víspera del año Nuevo y día de año Nuevo, el cumpleaños de Martín Luther King Jr., el día del Presidente, viernes santo, día de la recordación, Día de la independencia de los estados unidos, y días de planificación de maestros. Si se ofrece cuidado de día festivo habrá un cargo adicional.

4. It is the parent/guardian's responsibility to call the school if their child is going to be absent for ANY reason. The school must be notified. If a child is absent 2 days or more, a written excuse from a doctor or parent must be presented upon child returning. If the school is not notified within 5 days of child's absence, your child will no longer be enrolled and you will need to re-register. If a child is ill or injured, he/she must bring a doctor's note upon returning to school.

Es la responsabilidad de la familia llamar al centro en el caso que su hijo(a) este ausente por cualquier razón. La escuela debe ser notificada siempre. Si su hijo (a) falta 2 días o mas debe de proveer documentación del doctor o familia. Para regresar al centro. Después de 5 días de ausencia sin contacto de la familia se le dará de baja a su hijo(a) y tendrá que matricular otra vez. Si su hijo(a) esta ausente por enfermedad o accidente por favor traer documentación medica que puede regresar.

I understand the policy of the Program and scheduling

Entiendo las pólizas y horarios del programa



X _____

Signature of Parent or Guardian

Firma del Padre o Guardián



Paradise Christian School Policies & Agreement / Polizas y Reglamentos

Please read. Por favor de leer.

Section 65C-22.006(2), F.A.C., requires a current physical examination and immunization record

El código 65C-22.006(2), F.A.C., requiere un examen físico actual (forma 3040) y el historial de vacunas (forma 680 y 681).

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY". Paradise Christian School License #: PCS: DCF 11MD0782 TW: DCF C11MD1040

El código 402.3125(5), F.S., requiere que padres o guardianes legal reciban una copia del folleto "Conozca su centro de cuidado infantil"

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility (In family Handbook)

El código 65C-22.006(3)(c)2., F.A.C. requiere que padres o guardianes legales sean notificados por escrito de las practicas de disciplina usados por el centro de cuidado. (Práctica de Discipline esta en el manual del padre)

Paradise Christian School Disciplinary Policy

1. Staff will facilitate the development of self-esteem by expressing respect for, acceptance of, and comfort to the children, regardless of their behavior.
 - a. Staff must understand and accept age appropriate behavior (messiness, assertiveness, crying, resistance, etc.)
 - b. Staff must never scream, tease, humiliate, insult, blame, threaten, frighten, laugh at, or discuss a child's behavior in front of the child or in front of other children, staff, or parents.

2. Staff will facilitate the child's development of self-control by using steps in conflict resolution
 - a. Providing an environment that encourages self-discipline (pictures of toys on shelves to facilitate children putting away their own toys, etc.)
 - b. Re-directing children to appropriate behaviors or activities (guiding a child to sit in the chair instead of standing on it, while saying: "We sit on chairs" or "Chairs are for sitting".
 - c. Using logical consequences to help children be responsible for their own action (if children spill their juice, then they can be responsible for helping to clean it up)
 - d. Patiently stating and reminding children of the roles in positive language. ("We walk outside")
 - e. Ignoring inappropriate behaviors (such as name calling, swearing). Simply state and model for the child more appropriate or correct words to use.)
 - f. Guiding children to resolve their own conflicts and modeling skills that help children solve their own problems ("I know you want to play with the Ernie puppet. Is there something else you could do while you wait?")
 - g. Helping children talk about their feeling and frustrations. (It's okay if you are angry at Maria, but I cannot let you hit her. It hurts her")
 - h. We encourage children to develop skills for resolving conflicts by describing the situation to encourage children's evaluation of the problem rather than imposing the solution. Children are encouraged to talk about their feelings and discuss possible solutions in a positive manner without being made to feel that their feelings are inappropriate. Staff uses positive techniques in guiding the children's behavior, which include:

Steps in Conflict Resolution: (posted in the classrooms)

 1. Approach calmly, stopping any hurtful actions.
 2. Acknowledge children's feelings.
 3. Gather information.
 4. Restate the problem.
 5. Ask for ideas for solutions and choose one together.
 6. Be prepared to give follow-up support.

3. Time out is not a preferred method of discipline, since it is a form of punishment. "Thinking Chairs" or other forms of time out may only be used for a particular child when prescribed by a mental health consultant or special education teacher. A written behavior management program, including the specific time out methods, must be approved by the child's parents, as required. Time out may not be used with children under the age of three.

4. Use of food as reward or punishment is prohibited, including coercion such as "If you want dessert, you have to eat all your food"

5. The focus of guidance should be on the behavior, not on the child. Behaviors are "bad" or "good", not children".

6. Families will be contacted if behavior is not corrected. Children that display behavior that are injurious to others may be requested to withdrawal.

NOTE: Some children with severe emotional impairments, severely atypical behavior, and severe aggression of hyperactivity or severe/profound mental retardation may require behavior management techniques that would not adhere to this policy. In such instances the IEP committee should take into consideration whether the Paradise/Head Start classroom is an appropriate placement for the child. SOURCE: NAEYC, Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8, Care giving Personnel Training Program Manual, The U.S. Department of Army and Navy, and Creative Associates, Inc.

Signature of Parent/Guardian X _____
Firma del Padre o Guardián

Paradise Christian School Admissions Application

Photograph / Media Release/Social Media & Release of information & Testing Release Fotografía/ Medios de publicidad y Permiso para Intercambiar información y Evaluaciones

➡ **I give permission for my child to be photographed**, videotaped for promotion of the school, educational programs, etc. My child may appear in school productions, publications and releases, which include, but not limited to flyers, commercials, newspaper articles, journals, posters, social networking sites such as, but not limited to, Facebook and brochures.

Yo doy permiso para que mi niño/niña sea fotografiado y/o participe en video en programas de promoción educacional de la escuela; como: comerciales, folletos, artículos, afiches redes sociales como, pero no limitado a Facebook y otros que la ocasión requiera.

➡ **I give permission for my child to be screened** with Galileo, Brigance developmental screening, Ages and Stages, LAP-D, DECA and/or any other screening that may become available. I understand that the results are confidential and will be discussed with the family. The teacher will use these assessments/screenings to personalize the individual care for my child producing either an IEP (Individual Evaluation Plan) or a DIS (Developmental Intervention Services) and/or a IPB (Individualized Plan for Behavior) to help in any area that my child needs strengthening.

Yo doy permiso para que mi niño/niña sea evaluado con Galileo, Brigance Developmental Screening, Ages & Stages, LAP-D, DECA y otras evaluaciones disponibles. Yo entiendo que los resultados serán confidenciales y explicado con la familia. Estos resultados serán utilizado para crear o un IEP (plan individual de evaluación) para fortalecer áreas necesitadas o un DIS (Servicios de intervención para el desarrollo) y/o un IPB (Plan individualizado para el comportamiento).

➡ **I give permission for the release and exchange of information** pertaining to my child, such as but not limited to; pediatrician, psychologist, therapist, schools, etc. All records are confidential (HIPPA).

Yo doy permiso para intercambio de información en relación a mi hijo/a, para pero no limitado a pediatra, psiquiatra, terapeutas, colegios, etc.

Your signature indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Su firma indica que usted a recibido la información mencionada arriba y que la información en esta forma esta completa y correcta.

➡ X _____
Mother's signature
Firma de la madre

➡ X _____
Father's signature
Firma del padre

Admissions Application

Tuition & Regulations / Pagos y Regulaciones

TUITION AGREEMENT (in the Family Handbook)

As per current price list.

1. Your child's monthly tuition will be your responsibility until the child is withdrawn from school. Our responsibility is to keep your child's place as long as payments are made.
2. Tuition is to be paid in full by the first of each month. There will be a surcharge of \$ 5.00 a day added.
3. No checks are allowed after the 5th of the month.
4. **Because our program and licensing requirements force us to engage staff based on the number of children enrolled, we cannot give tuition refunds for days/weeks your child is absent, when the school is closed, or child is ill or on vacation. No exceptions.**
5. Payments may be made by check or cash. In the event of a returned check there will be a fee. We will not re-deposit a returned check. A returned check must be exchanged for cash or money order that includes the fee. Checks will no longer be honored.
6. After school hours there will be a late charge of \$ 5.00 per 5 minutes per child to be paid at pick up.
7. If balance is not paid within 5 days, your child will no longer be enrolled and no records will be released until balance is paid in full.
8. All money tendered is non-refundable.
9. Immunizations, TB, Physical, HIB must be up to date or your child will not be permitted to attend school.
10. Uniform is mandatory. No child will be permitted in school without a uniform. No exceptions.



De acuerdo con la lista de precios actual

1. Los pagos mensuales de sus hijos son su responsabilidad mientras el niño este matriculado en nuestra escuela. Nuestra responsabilidad es mantener con nosotros a sus hijos mientras usted realiza sus pagos adecuadamente.
2. Los pagos mensuales deben de hacerse el día primero de cada mes o los lunes de cada semana cuando los pagos se hacen semanalmente. De no ser así, habrá un sobrecargo de \$5.00 por cada día después de su vencimiento.
3. No se aceptaran cheques después del quinto día de cada mes o después del martes si los pagos se hacen semanalmente.
4. **Según los requerimientos de nuestro programa y licencia, nosotros mantenemos el numero de profesoras de acuerdo con el numero de los alumnos, por lo tanto nosotros necesitamos que los pagos de ausencia por enfermedad u otro motivo se hagan igualmente a tiempo, incluyendo días que el colegio este cerrado o el niño este enfermo o de vacaciones. No excepciones.**
5. Los pagos pueden hacerse en cheques o en efectivo. En caso de que sea devuelto algún cheque se pagara un recargo y no se aceptaran mas pagos en cheques (no se redepositan cheques). Un cheque devuelto debe ser pagado en efectivo o en giro postal que incluya el cargo.
6. Después de las horas de colegio se pagaran \$5.00 por cada 5 minutos de tardanza por cada niño/a debe ser pagado a la hora de recogida.
7. Si su balance no es pagado dentro de los 5 días de la semana, su niño/a no será admitido y ningún documento será entregado hasta que el balance sea pagada en totalidad.
8. Todo dinero que nosotros recibamos no será devuelto.
9. Toda vacuna, examen físico, examen de tuberculosis, HIB, deben estar al día, de lo contrario su niño no podrá asistir al colegio.
10. El uniforme es obligatorio por lo tanto no se permitirá ningún alumno en la escuela sin usar el uniforme. .No se harán excepciones

CONTRATO DE PAGOS (en el Manual del Padre)

REFUNDS & RETURNS - We do not refund tuition or return materials, books or supplies. Any such items that are brought to the school become property of the school. We are not responsible for any toys, books or jewelry brought to the school.

Créditos y Devoluciones: No habrá devolución de dinero materiales libros o útiles. Serán considerados propiedad del centro. No somos responsables por joyas o juguetes que traigan los niños a la escuela.

Agreement / Contrato

I have read and understood the disciplinary practices, school policies, and tuition agreement, and agree to abide by them. I have received a copy of "Know Your Child Care Facility" and a "Family Handbook"

Yo he leído y entendido las prácticas disciplinarias, las regulaciones del colegio, las reglas sobre pagos, y las seguiré. Yo he recibido una copia de "Conozca su centro de cuidado infantil" y el Manual de los Padres.

➡ **X** _____
Mother's signature
 Firma de la madre

➡ **X** _____
Father's signature
 Firma del padre

Office Use Only: Transfer to Date of Transfer

School: _____

Address: _____

City: _____ State: _____ Zip: _____