



ACADEMIA INTERAMERICANA DE PANAMÁ

PRE-KINDER STUDENT APPLICATION

Referred by: _____

Date: _____

Applying for: 20_____

(1) Name of student: _____ Passport: _____

Date of birth: day____/month____year____ Age:____ Male: _____ Female: _____

Language(s) spoken: 1. _____ 2. _____ 3. _____

Address: _____ Home phone: 1. _____ 2. _____

(2) Name of father: _____

Address: _____

Phone: _____ Cell phone: _____

E mail: _____@_____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

(3) Name of mother ____: _____

Address: _____

Phone: _____ Cell phone: _____

E mail: _____@_____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

Guardian: _____

(4) Other children in the family:

Name: _____ DOB: _____ Present school: _____

Name: _____ DOB: _____ Present school: _____

Name: _____ DOB: _____ Present school: _____

Parent/Guardian signature _____ Date: _____

This application does not guarantee admission