

# Admissions Procedures for Enrolling Students

The following steps are required to apply for admission.

**1. Submit completed application**

- Deliver to school
- Fax to (507) 302-0030
- Email to Admissions at [admissions@balboa-academy.org](mailto:admissions@balboa-academy.org)

**2. Attach necessary documents**

- Passport and Birth Certificate
- Immunization Form
- Recommendation Form (Grades 1-12)
- Standardized Tests (Ex. MAP, Terra Nova, FCAT, etc)
- Current report card and report cards of last two years

***Note: If a Panamanian diploma is desired in addition to the U.S. diploma, report cards for Grades 7-12 from outside Panama, have to be validated through the Ministry of Foreign Relations (Embassy of the country of origin) and the Panamanian Ministry of Education (MEDUCA)***

- High school students (9<sup>th</sup>-12<sup>th</sup>) need to submit transcripts of all credits obtained.

**3. Enrollment documents are reviewed by the admissions committee**

**4. School contacts family to confirm receipt of application by email with further information.**

**5. Potential students will be invited for evaluation, the \$150 application fee will be charged at this time to continue with the enrollment process.**



Telephone: (507) 302-0035 Fax: (507) 302-0030

# Application Form

## Student Information

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First Name	Middle Name	Last Name	Preferred First name
_____	_____	_____	_____
Date of Birth (month/day/year)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	Predominant Language

Applicant to Enter Grade \_\_\_\_\_ To begin enrollment in (month/year) \_\_\_\_\_

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## Academic Information

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Current School Name	City	Country	Email Address
_____	_____	_____	_____

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Current Grade	Attended from (month/year) to present
_____	_____

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Do you have other children attending Balboa Academy? Yes \_\_\_ (if yes, list below) No \_\_\_

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Why do you want your child to attend Balboa Academy? (Briefly explain.)

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## Screening for Special Services

Are there any special health problems which the school should know? Yes  No   
Explain, if yes. \_\_\_\_\_

Does your child have a health problem that requires medication? Yes  No   
Explain, if yes. \_\_\_\_\_

Has your child previously received therapy for speech or language development? Yes  No   
Explain, if yes. \_\_\_\_\_

Has your child previously been enrolled in any type of special education program or service?  
Yes  No  Explain, if yes. \_\_\_\_\_

Do you suspect that your child may need some type of assistance with school? Yes  No   
Explain, if yes. \_\_\_\_\_

## Emergency Contact Information

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Emergency Contact # 1	Office#	Home #	Mobile #
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Emergency Contact # 2	Office#	Home #	Mobile #
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## Medical Consent

I give permission for my child (ren) to receive first aid at school and any emergency treatment considered necessary at the dispensary, with the following exceptions noted below. I understand that I have the right to review my child (ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.

I verify that the information above is correct or has been corrected.

**SIGNATURE OF GUARDIAN/PARENT** \_\_\_\_\_



## Corporate Sponsorship

To be completed by Corporate Sponsored Families

Priority is given to children of families who are sponsored by any organization or institution or diplomatic mission accredited in Panama. A yearly fee will be assessed to subsidize the expenses for operating an international institution. These fees should be paid to Balboa Academy.

As part of the application and re-registration process all parents are required to complete the following information:

Parent/ Guardian: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Fees for my children are fully/partially paid or reimbursed by my employer. Yes  No   
If the answer is Yes, please complete the following information:

Sponsor Name, Department or Organization: _____
Please send invoices to: _____
_____
Sponsor Contact Name: _____ Email: _____
Office Phone: _____

I, the undersigned, certify that I understand that an annual per-student corporate fee applies to families with students whose educational benefits are paid (directly/indirectly) or reimbursed (fully or partially) by their employers, embassies, banks, corporations or other sponsoring organizations as part of their remuneration package. This fee is due upon acceptance or at the time of yearly re-registration. I certify that the information provided in this form is accurate.\*

\*Misrepresentation may have implications on the children's enrollment in the school.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_