



## APPLICATION FOR ADMISSION

### Applicant Information:

First Name	Middle Name	Full Legal Last Name
_____/_____/_____	_____ Male _____ Female	
Date of Birth (month/day/year)		
Applicant to enter grade: _____ To begin enrollment in: _____ / _____		
(month/year)		

### Academic Information:

Current School Name	Years Attended
Previous School Name	Years Attended

### Family Information:

Mother/Guardian - Dr. / Ms. / Mrs. (please circle)	Father/ Guardian- Dr. / Mr. (please circle)
First and Last Name: _____	First and Last Name: _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Mobile Number _____	Mobile Number _____
Email Primary _____	Email Primary _____
Job Title Business Name _____	Job Title Business Name _____
Business Address _____	Business Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Business Phone _____	Business Phone _____

**Please Star ( ) the above the address to use for all correspondence about this student.**

Marital Status of Natural Parents: \_\_\_Single \_\_\_Married\_\_\_ Separated\_\_\_ Divorced \_\_\_Widowed  
 If divorced whom does the student live with? \_\_\_\_\_  
 Who Has Custody? \_\_\_Mother\_\_\_ Father\_\_\_ Joint  
 Does the student have a legal guardian? \_\_\_Yes \_\_\_No If yes, please indicate: \_\_\_\_\_  
 (Please provide documentation of custody /appointment of the legal guardianship if applicable)

Boca Prep International School open admission and financial aid policies do not discriminate on the basis of race, gender, ethnic origin, disability, or similar factors. Applicants of all races and creeds are welcome at Boca Prep International School.





## Application for Admission

### GUIDANCE AND ADMISSION INFORMATION:

Country where born? \_\_\_\_\_ Country Of Citizenship \_\_\_\_\_

If citizen of a country other than the United States, will an I- 20 immigration form be needed?  
(International student): \_\_\_ Yes \_\_\_ No

If you are an international student but an I-20 is not required to enter the U.S.A. please indicate and  
provide proof US legal status (visa category) \_\_\_\_\_ and Expiration Date: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

How did you first learn about Boca Prep International School? \_\_\_\_\_

Has the applicant skipped a grade? \_\_\_ Yes \_\_\_ No If so, which grade? \_\_\_

Has the applicant repeated a grade? \_\_\_ Yes \_\_\_ No If so, which grade? \_\_\_

Has the applicant ever received disciplinary censure at school? \_\_\_ Yes \_\_\_ No

School suspension? \_\_\_ Yes \_\_\_ No Dismissed? \_\_\_ Yes \_\_\_ No

Asked to withdraw by school? \_\_\_ Yes \_\_\_ No Probation? \_\_\_ Yes \_\_\_ No

Please share with us any information about disciplinary matters:

\_\_\_\_\_

Will the applicant participate in one of the Performance Programs? \_\_\_ Yes \_\_\_ No (If yes please circle  
the Program)

- Boca Prep Soccer Academy
- Boca Prep Swim Academy
- Boca Prep Theater Academy
- Boca Prep Golf Academy
- Evert Tennis Academy
- Private Coach
- Other \_\_\_\_\_

Please share information to help us understand your child’s athletic interest, talents, and team  
participation: \_\_\_\_\_

\_\_\_\_\_

**Candidates with a disability who would like to request accommodations should identify themselves  
early in the application process. Documentation from a qualified professional is required and should  
be either enclosed with this application or sent directly to the admission office.**

Auxiliary aids and services may be available upon request. If the applicant has a disability and would like  
to request accommodations in the admission process, please explain here: \_\_\_\_\_

\_\_\_\_\_

### SIBLING INFORMATION: (Please list siblings who attend Boca Prep)

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_





**APPLICATION**

1. A non- refundable application fee of \$280 is required for all applicants.
2. (I/ We) hereby authorize Boca Prep International School to contact schools and other sources to obtain information to support this application and will not seek access to confidential recommendation and evaluation materials before or after (my/our) (child’s/ ward’s) admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Boca Prep International School for that purpose.
3. Your signature on this application verifies that the information set forth in the application and provided in separate documents is true and correct. (I/ We) understand that any false, misleading, or inaccurate information, or any missing or omitted information, may be deemed to be reason for Boca prep to reject this application or dismiss my/our child from the school accepted.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail, email, or fax your completed application to:**

Admission Office, Boca Prep International School: 10333 Diego Drive South, Boca Raton, FL 33428  
Fax: (561) 470-6124 Email: [admission.boca@iesmail.com](mailto:admission.boca@iesmail.com)

**Permission Form**

I agree to the following permission/ authorization with regard to my child:

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check “yes” or “no” on the questions below:

1. School- day field trips (prior notice of the trip will be provided) \_\_\_ Yes \_\_\_ No
2. School provided transportation to/ from school- day field trips \_\_\_ Yes \_\_\_ No
3. Walking and/ or biking to/from school \_\_\_ Yes \_\_\_ No
4. Student driving to/ from school (If yes, driving form must be completed) \_\_\_ Yes \_\_\_ No
5. Photo opportunities for school promotional materials (Full names not used) \_\_\_ Yes \_\_\_ No
6. Photo opportunities to be posted on school website, school website, school newsletter, Facebook, Twitter, and YouTube. (Student full name not used) \_\_\_ Yes \_\_\_ No

I agree to indemnify and hold harmless Boca Prep International School and its employees and volunteers for any harm which may come to my child in the event that I cannot be reached in an emergency.

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





Please print your name: \_\_\_\_\_

**Medical Information and Emergency Authorization Form**

Student Name: _____	Date of Birth: _____
Local Address: _____	Home Phone: _____
Mother's business phone: _____	Cell: _____
Father's business phone: _____	Cell: _____
Emergency Contact Name: _____	Phone: _____
Relation to student: _____	
Health Insurance Provider: _____	Policy #: _____
Primary Physician's name: _____	Phone: _____
Dentist's Name: _____	Phone: _____

Please list ALL known allergies \_\_\_\_\_

**Please complete all of the following:**

1. Is your child currently under a doctor's care?  Yes  No  
If yes, for what is he or she being treated: \_\_\_\_\_
2. Is your child taking any prescription medications?  Yes  No  
If yes, please list the name, dosage, and time of treatment for each medication:  
\_\_\_\_\_
3. At this time is your child restricted to any special diet? Are there foods that he or she is not permitted to eat?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Are there any special needs or current medical problems that should be made aware of in order to best assist your child?  Yes  No  
If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_
5. Please note any other information that may become important in a medical emergency:  
\_\_\_\_\_  
\_\_\_\_\_
6. Preferred Hospital: \_\_\_\_\_ Town: \_\_\_\_\_





**Persons authorized for student pick- up (in addition to the emergency contacts and parents):  
MUST SHOW I.D. UPON PICK- UP**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please fill out all appropriate medication forms with the Health Services Coordinator.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Health Questions** (Please explain "YES" answers below)

	Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/ condition?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any skin problem (e.g. itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have an orthodontic being brought to school?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had problems with joints?	<input type="checkbox"/>	<input type="checkbox"/>
18. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
19. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
22. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
23. Had problems with diarrhea/ constipation?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
25. If female, have any abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
26. Ever had and eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
27. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>





Please explain any "YES" answers (noting the number of the question): \_\_\_\_\_

Please list any operation or surgery: \_\_\_\_\_

Please list any allergies of which we should be aware of (medications, foods, or others): \_\_\_\_\_

**If any medication is going to be taken regularly at school please ask for and complete the authorization for administration of medication.**

In an emergency situation I hereby authorize the staff of Boca Prep International School to act in my behalf for any medical care, treatment (including immunizations), and prescriptions reasonably necessary or medically advisable to maintain the life, health, and well-being of my child. This includes, but is not limited to, first aid, prevention and care of injuries, follow-up care, and the taking of over the counter prescriptions that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and completion of: (1) Legal authorization for treatment; (2) consultations with doctors; (3) emergency examinations; (4) consent for hospitalization; (5) anesthesia; (6) dental care; and (7) treatment or surgery that may be deemed necessary by appropriate medical personnel.

Parent/ Guardian Name (Please Print): \_\_\_\_\_

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





## Finance

Once student has been accepted to Boca Prep International School, and in order to save the spot, the following non-refundable fees will be due according to the tuition schedule:

- Matriculation Fee
- Registration Fee
- Tuition Down Payment
- IES Institutional Service Fee

Tuition fees for the school year are set forth on the following schedule. The payment plan initialed herein shall be the contracted tuition fee plan for the year.

Please select your plan of choice:

- Plan A (10 equal monthly payments)
- Plan B (2 equal payments)
- Plan C (1 payment in full)

The following students shall only opt for Plan C payment:

- International students (non US citizens requiring a visa which will allow the student to study in the USA without being residents of the State of Florida)
- US Citizens (Parents or Responsible Party) that have legal residence and the business and/or income is outside the US.

