



## Foresta Rincon School Application

**Student Name:** \_\_\_\_\_  
*Last Name                      First Name                      Middle Name*

**Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ **Sex:** (M) (F)

**Mother's Name:** \_\_\_\_\_ **Celular Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Celular Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**In case of emergency contact aside from parents:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Number:** \_\_\_\_\_

*Please indicate if the child suffers from any medical condition: asthma, diabetes, allergies, ADD, ADHD, ODD and medication if any.*

**Medical Condition:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Last Grade Completed:** \_\_\_\_\_

**Shirts Size:** \_\_\_\_\_

Please complete application  
Road 115 Km. 9.0, Rincón, P.R. 00677