



Fundación Jarabacoa Pro-Educación y Cultura Jarabacoa Christian School

Proyecto 1, Los Candelarios Jarabacoa
Teléfono 809-574-6075 / Fax 809-574-6088 Ext 37

www.jcs.com.do administracion@jcs.com.do Rnc-43000055-8

Documentation Necessary for Enrollment

1. *Original Birth Certificate (For non-Dominicans, a copy of the birth certificate)*
2. *Two pictures (2x2)*
3. *Vaccination Record*
4. *A copy of each parents' national identification card (cédula) (For non-Dominicans, a copy of each parents' passport)*
5. *School record/grades (if the child has studied at another school)*
6. *Completed application (provided by JCS to be filled out by the parent/s)*
7. *Letter of withdrawal and good conduct (if the child has studied at another private school)*

*If the student is non-Dominican and has **NEVER** before studied in the Dominican Republic, or If the student is Dominican but his/her previous grade level was completed in a different country, you will also need the following:*

1. *Documents that demonstrate that the child has taken and passed their studies in said country.*
2. *This document must be legalized in the country in which the child previously studied:*
 - a. *The Ministry of Education of said country*
 - b. *An apostille of said country*
 - c. *Documents must be signed by the school in said country*
 - d. *Beginning in third grade, you must also present all report cards for the grades the child has passed*

Note: *All documents must be translated into Spanish by an authorized public translator. You must have the documents legalized by the Attorney General's Office of the Dominican Republic.*

***All of the aforementioned documents must be submitted at the time of enrollment in the Academic Office.**



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Enrollment Form

Entrance Date _____ Enrollment No. _____

Family Code No. _____ Current Grade _____

First Name: _____ Middle Name: _____

First Last Name: _____ Second Last Name: _____

Birth Date: Day _____ Month _____ Year _____ Nationality: _____

Sex: Feminine Masculine Does the child have a birth certificate? Yes No

Address:

| Province | City | Sector | Neighborhood |
|----------|------|--------|--------------|
| | | | |

Who does the student live with: Father Mother Grandparent/s Legal guardian

Other: _____

FATHER

Complete Name: _____ Has an identification card? Yes No

Identification Card No.: _____ Passport No.: _____

Academic Level: None Elementary High School Last Grade Level Completed:

University Degree or Profession: _____ Civil Status: _____

Telephone Number: _____ Religion: _____

Address: _____ Email: _____

Work Place: _____ Occupation: _____

MOTHER

Complete Name: _____ Has an identification card? Yes No

Identification Card No.: _____ Passport No.: _____

Academic Level: None Elementary High School Last Grade Level Completed:

University Degree or Profession: _____ Civil Status: _____

Telephone Number: _____ Religion: _____

Address: _____ Email: _____

Work Place: _____ Occupation: _____



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LEGAL GUARDIAN

Complete Name: _____ Has an identification card? Yes No

Identification Card No.: _____ Passport No.: _____

Academic Level: None Elementary High School Last Grade Level Completed:

University Degree or Profession: _____ Civil Status: _____

Telephone Number: _____ Religion: _____

Address: _____ Email: _____

Work Place: _____ Occupation: _____

EMERGENCY CONTACT INFORMATION (preferably 2 contacts)

Name: _____

Relationship with the child: _____

Address: _____

House Phone No.: _____

Work Phone No.: _____

Name: _____

Relationship with the child: _____

Address: _____

House Phone No.: _____

Work Phone No.: _____

Complete the following information.

Is your child allergic to any medications? Yes _____ No _____ Specify: _____

Please describe any other medical problem your child has been treated for:



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AUTHORIZATION TO TAKE PHOTOGRAPHS OR AUDIO-VISUAL RECORDINGS OF A STUDENT FOR NON-PROFIT PURPOSES (FOR EXAMPLE: FOR EDUCATIONAL PURPOSES, THE PUBLIC ADMINISTRATION, OR HEALTH PUBLIC SERVICE ANNOUNCEMENTS)

Complete name of the father and/or mother/legal guardian:

Identification Card or Passport No.: _____

Name of the minor: _____

By these present means, I authorize the **Pro-Education and Culture Foundation and/or Jarabacoa Christian School** to use any and all materials collected from the participation in interviews, appointments, and photographs/movies/audiovisual recordings of the aforementioned student.

Additionally, I grant the **Pro-Education and Culture Foundation and/or Jarabacoa Christian School** the right to edit, use, and re-use said materials for non-profit means, including printing materials, distribution on the Internet, and any other form of media distribution. By the present means, I exempt the **Pro-Education and Culture Foundation and/or Jarabacoa** and their agents and staff members from all claims, lawsuits, and responsibilities in connection with the aforementioned information.

Signature of one of the parents or legal guardian (if the student is not yet 18 years old):

_____ Date: _____

Signature of the student (if the student is eighteen years or older):

_____ Date: _____