

Personal Information

Student Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Address: _____
Street City Zip Code

Home Telephone Number: _____

Last Grade Level Completed: _____ ****Placement will be based on Report Cards, Entrance Tests and/or Performance.****

Father's Full Name: _____ Work Number: _____ Cell Number: _____
 Email: _____ Occupation: _____ Nationality: _____

Mother's Full Name: _____ Work Number: _____ Cell Number: _____
 Email: _____ Occupation: _____ Nationality: _____

Marital Status: Married Separated Divorced Widowed **First Language spoken at home:** _____

Student lives with (check applicable): Parent Guardian Extended Family Members

I authorize my child's picture to be used in public propaganda to promote RIS (i.e. brochure): Yes No

General Health Evaluation

Please answer the following questions in regards to your child's health by circling Yes or No. Please note any additional medical concerns (i.e. medications, devices, important past medical history) or any other special provisions in the space provided.

- | | | | |
|----|--|-----|----|
| 1. | Does your child regularly use any over the counter or prescribed medication? | Yes | No |
| 2. | Does your child require a medical device while in school? | Yes | No |
| 3. | Is your child required to wear corrective lenses (eyeglasses and/or contacts)? | Yes | No |
| 4. | Is your child able to participate in physical activities and sports? | Yes | No |
| 5. | Please list your hospital preference: _____ | | |

**Please list below any information that would be necessary for the school to be aware of in case of an emergency: (conditions, medications, past medical history, etc.) _____

Allergies: _____ Severity: _____ Treatment: _____

**Please indicate which medicines RIS may dispense for minor discomfort:

Aspirin- Yes or No Tylenol - Yes or No Pepto Bismol - Yes or No No Medicines to Be Dispensed (X)

Parent's Signature: _____ Date: ____/____/____

Emergency Contact Person: _____ Phone Number: _____

(This should be a person other than the parents who has permission to care for your child if you are not available.)

Transportation Information

*Please provide the following information to help RIS implement a more effective security plan.

List times buses or drivers that should be picking up your child (morning, evening or both; or if there are specific days for different drivers or buses).

****Any person who is not listed above will not be allowed to leave with your student unless you have notified the school through written form. RIS will not accept student requests or phone calls as adequate notification.**

Name of Driver(s) or Bus Company	License Plate and/or Bus Number	ID#	Describe any special time schedule
		Office Use	
		Office Use	

Academic Evaluation

- | | | | |
|-----|---|----------|------------|
| 1. | Does your child have a history of any behavioral problems? | YES | NO |
| 2. | Does your child have a history of any emotional problems or stresses? | YES | NO |
| 3. | Has your child gone through any type of psychological or academic evaluation? | YES | NO |
| 4. | Does your child have an IEP or any type of Individualized Program? | YES | NO |
| 5. | Are there any major events or traumatic incidences that would be beneficial for appropriate staff to know, to help your child transition well to RIS? _____ | YES | NO |
| 6. | Has your child had any academic problems in the area of MATH (YES or NO) or READING (YES or NO)? | YES | NO |
| 7. | Has your child ever been retained or held back in school? | YES | NO |
| 8. | At what level is your child able to speak English? _____ | Fluently | Moderately |
| 9. | At what level is your child able to read English? _____ | Fluently | Moderately |
| 10. | At what level is your child able to write English? _____ | Fluently | Moderately |
| 11. | Why are you choosing RIS for the education of your children? _____ | | |

Financial Information

Tuition: (Please select the following method of payment.)

1) Amount _____ per month.

*Late Fees will be charged at a Rate of 5% per month. Payments can be made at any banking institution up until due date. After the due date, payments must be made in the business office. Tuition payments will now be billed over a period of 12 months; however, if the student withdraws early, the last bill will contain the remaining tuition due for the year.

Capital Improvement Fee: (Please select the following method of payment for this ONE time fee PER STUDENT.)

1. _____ Payment in full to the Business Office.
2. _____ Installments (Please note time frame)

This is NOT an Optional Fee. If the full amount has not been met by the end of the first school year, then the balance will be billed with the last tuition payment.

Registration Fee: R\$ 350,00

*Fee to be paid at RIS Business Office at the time Re - Enrollment Application is submitted

Hot Lunch: R\$ _____ per month.

Academic Information

Please list the **last two academic institutions** your child has attended along with Report Cards or Transcripts. If this is the first school your child is attending, Omit this section"

1) **Name of School:** _____ **Phone Number:** _____
Address of School: _____
Website/Email Address: _____ Dates Attended: _____
Reason for Withdrawal: _____

2) **Name of School:** _____ **Phone Number:** _____
Address of School: _____
Website/Email Address: _____ Dates Attended: _____
Reason for Withdrawal: _____

****NOTE: Students will not be allowed to complete registration until Transcripts or Report Cards are submitted.****

Admission Requirements Please initial by each of the following. These steps must be completed before the enrollment process is finished.

- | | |
|---|--|
| <input type="checkbox"/> Completed Enrollment Application | <input type="checkbox"/> Registration Fee (R\$ 350,00 due upon submitting application, non refundable) |
| <input type="checkbox"/> Report Cards and/or Transcripts from most recent academic year | <input type="checkbox"/> Designated payment method for Capital Fee (See Application) |
| <input type="checkbox"/> Copies of all applicable testing materials: (Standardized test results, IEP reports) | <input type="checkbox"/> Completion of Entrance Testing |
| <input type="checkbox"/> Designated Payment method for billing tuition (See Application) | <input type="checkbox"/> Completed health information within applications (supply documents if needed) |
| <input type="checkbox"/> Payment is due by the 5th of each monthly billing period | <input type="checkbox"/> Two individual student photos (passport size) |
| <input type="checkbox"/> Copy of vaccination records | <input type="checkbox"/> Copy of student passport |

I, hereby, have been adequately informed and accept all the appropriate responsibilities as a client of Rio International School. This includes, but is not limited to, finances and the code of conduct put forth by Rio International School.

I also understand Rio International School functions as an institution based on a Christian Worldview, and the students will be participating in Bible classes (religious studies), chapels, etc.

Parent's Signature: _____ **Parent's Printed Name:** _____

Date: _____ **CNPJ#** _____ **CPF#** _____ **Company Name:** _____

Rio International School admits and cares for students without regard to race, color, physical handicap, or ethnic origin

Our Mission

RIS exists to prepare students to succeed academically, physically, socially, and spiritually, with a commitment to excellence in an English language based education.

This education is based on a foundation of Biblical truth, respecting individuals of varying religious, ethnic, and cultural backgrounds

