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**INFORMATION FORM**  
**\*CONFIDENTIAL\***

Student's name \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_  
 Age \_\_\_\_\_ Student's primary language \_\_\_\_\_  
 Mother's nationality \_\_\_\_\_ Father's nationality \_\_\_\_\_  
 List of schools the student has attended \_\_\_\_\_

SIBLINGS	AGE	AT HOME?		ATTENDS HOSTOS?	
		YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO

Divorce in family      YES    NO  
 Stepfamily            YES    NO  
 Single Parent         YES    NO  
 Death of a parent    YES    NO (if yes, please specify) \_\_\_\_\_

**HAS THIS STUDENT:**

YES    NO      Repeated a grade  
 YES    NO      Been recommended receiving academic testing or services  
 YES    NO      Received private tutoring  
                  Tutor's name \_\_\_\_\_ Frequency \_\_\_\_\_  
 YES    NO      Presented a medical condition which needs special attention  
                  If so, please explain \_\_\_\_\_  
 YES    NO      Receives medication  
 YES    NO      Been evaluated by a psychologist  
 YES    NO      Experienced any significant accident or illness  
                  If so, please explain \_\_\_\_\_

Do you have any concerns that you would like to discuss with the:  
 Director      Counselor      Teachers      Other

Other information that may facilitate your child's success at Hostos

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date