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INFORMATION FORM
CONFIDENTIAL

Student's name _____ Grade **2024-2025** _____
 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