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INFORMATION FORM
CONFIDENTIAL

Student's name _____ Grade 2025-2026 _____
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

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