



MODERN EDUCATION WITH TRADITIONAL VALUES



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INFORMATION FORM *CONFIDENTIAL*

Student's name _____ Grade **2026-2027** _____

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 School

Signature of Parent or Guardian

Date