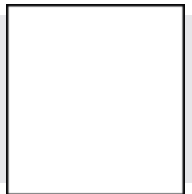




# Request for Admission



This Application must be completed in print writing and in ink.  
It will not be processed if it is INCOMPLETE and/or lacks any of the requested signatures.

Family No. \_\_\_\_\_ Child No. \_\_\_\_\_ Cycle \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

## STUDENT DATA

Father's Last Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_ Level to Apply \_\_\_\_\_  
As written on the Birth Certificate  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality \_\_\_\_\_  
 Day Month Year  
 Place of Birth \_\_\_\_\_  
 City / Town State Country  
 CURP \_\_\_\_\_ Religion \_\_\_\_\_

Have you ever been a LAF student?  Yes  No If yes, please provide the Family No. \_\_\_\_\_

## STUDENT'S ADDRESS

Who does the student live with?  Father  
 Mother  
 Both  
 Other

Street No. Neighborhood

City / Town State Country CP Phone

## SCHOOL OF ORIGIN

School: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_ Languages spoken: \_\_\_\_\_  
 City where located: \_\_\_\_\_  
 Reason for school change: \_\_\_\_\_

Is the school of origin Bilingual?  Yes  No

Reason for Interest in LAF:  
 Price  Academic Quality  DayCare Service  
 Human Quality  Promotion  Lives near LAF  
 Works near LAF  Other: \_\_\_\_\_

SE Code as it appears on the Certificate (for Mexican Schools) \_\_\_\_\_

## STUDENT'S ACADEMIC BACKGROUND

Have he/she failed any grade?  Yes  No Which one? \_\_\_\_\_  
 Have he/she had any academic problems? Explain \_\_\_\_\_  
 Have he/she needed professional help? (Psychological or Academic) Explain \_\_\_\_\_  
 Have he/she been expelled or suspended? Explain \_\_\_\_\_  
 The student is allergic to \_\_\_\_\_  
 Does the student have any special needs? (visual, hearing, physical) \_\_\_\_\_  
 Diseases we should be aware of: \_\_\_\_\_  
 Does the student require regular medical and/or pharmacological follow-up and/or monitoring?  Yes  No Which one? \_\_\_\_\_

## SOURCE OF FINANCING FOR THE STUDIES

Father  Mother  Both  Tutor  Other :specify \_\_\_\_\_

**FATHER'S DATA**Lives  Yes  No

Father's Last Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality \_\_\_\_\_  
 Day Month Year

Place of Birth \_\_\_\_\_  
 City / Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Work**  
 Company Name \_\_\_\_\_ Position held \_\_\_\_\_

Marital Status  
 Single  
 Married  
 Separated  
 Divorced  
 Widow  
 Other

Street \_\_\_\_\_ Number \_\_\_\_\_ Neighborhood \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ CP \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Home Address** (only if different from student's address)

Street \_\_\_\_\_ Number \_\_\_\_\_ Neighborhood \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ CP \_\_\_\_\_

**MOTHER'S DATA**

Father's Last Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality \_\_\_\_\_  
 Day Month Year

Place of Birth \_\_\_\_\_  
 City / Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Work**  
 Company Name \_\_\_\_\_ Position held \_\_\_\_\_

Marital Status  
 Single  
 Married  
 Separated  
 Divorced  
 Widow  
 Other

Street \_\_\_\_\_ Number \_\_\_\_\_ Neighborhood \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ CP \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Home Address** (only if different from student's address)

Street \_\_\_\_\_ Number \_\_\_\_\_ Neighborhood \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ CP \_\_\_\_\_

**DATA OF THE GUARDIAN OR SOURCE OF FINANCING**

**Note: If there is a guardian, please attach supporting documents.**

Father's Last Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality \_\_\_\_\_  
 Day Month Year

Place of Birth \_\_\_\_\_  
 City / Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Work**  
 Company Name \_\_\_\_\_ Position held \_\_\_\_\_

Marital Status  
 Single  
 Married  
 Separated  
 Divorced  
 Widow  
 Other

|              |              |              |        |
|--------------|--------------|--------------|--------|
| Street       | Number       | Neighborhood |        |
| City/Town    | State        | Country      | CP     |
| Phone (work) | Phone (home) | Cell Phone   | E-mail |

**Home Address** (only if different from student's address)

|           |        |              |    |
|-----------|--------|--------------|----|
| Street    | Number | Neighborhood |    |
| City/Town | State  | Country      | CP |

**RESPONSIBLE WHO WILL RECEIVE THE INFORMATION FROM OUR INSTITUTION**

(Check one or more options)

PAYMENTS

Father  
 Mother  
 Tutor  
 Other: \_\_\_\_\_

NEWS

Father  
 Mother  
 Tutor  
 Other: \_\_\_\_\_

**DATA OF SIBLINGS AND HALF-SIBLINGS WHO DO NOT STUDY AT OUR INSTITUTION**

| NAME | GENDER | DATE OF BIRTH | GRADE | SCHOOL / INSTITUTION |
|------|--------|---------------|-------|----------------------|
|      |        |               |       |                      |
|      |        |               |       |                      |
|      |        |               |       |                      |
|      |        |               |       |                      |
|      |        |               |       |                      |

**PERSONAL REFERENCES (INCLUDING LAF PARENTS)**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

**IN CASE OF EMERGENCY**

If it is not possible to locate the parents, please provide the contact information of 2 reliable people to contact

| NAME | RELATIONSHIP | PHONE |
|------|--------------|-------|
|      |              |       |
|      |              |       |

The total integration of the requested paperwork must be completed no later than 45 days after the beginning of the school year

**IMPORTANT**

We certify that the information contained in this application is true and we agree that only when we have submitted the necessary documentation and there are no outstanding debts, any official document that covers the studies carried out at the Liceo Anglo Francés de Monterrey, A.C. will be issued.

By signing this application, we commit ourselves to know and respect the principles, mission and general regulations of the Liceo Anglo Francés de Monterrey, A.C. as well as the characteristics of its educational model.

**CONFORT**

\_\_\_\_\_  
Name and Signature  
Father

\_\_\_\_\_  
Name and Signature  
Mother

\_\_\_\_\_  
Name and Signature of Guardian (if any)

Monterrey, Nuevo León a \_\_\_\_ of the month \_\_\_\_\_ of 20 \_\_\_\_

The information contained in this application will be kept confidential by the Liceo Anglo Francés de Monterrey, A.C.

**PERSONAL REFERENCES (INCLUDING LAF PARENTS DATA TO BE FILLED OUT EXCLUSIVELY BY THE PROMOTION AND SCHOOL DEPARTMENT)**

**ENROLLMENT DATE**

**KINDERGARTEN**

KM \_\_\_\_\_  
 KT \_\_\_\_\_  
 K1 \_\_\_\_\_  
 K2 \_\_\_\_\_  
 K3 \_\_\_\_\_

**ELEMENTARY**

P1 \_\_\_\_\_  
 P2 \_\_\_\_\_  
 P3 \_\_\_\_\_  
 P4 \_\_\_\_\_  
 P5 \_\_\_\_\_  
 P6 \_\_\_\_\_

**JR. HIGH**

S1 \_\_\_\_\_  
 S2 \_\_\_\_\_  
 S3 \_\_\_\_\_

OBSERVATIONS

| PROMOTION  | DISCOUNT  |
|--|---|
| <p>Registration No: _____<br/>                     Student's Name: _____<br/>                     Cycle: _____ Grade: _____ Group: _____<br/>                     Previous School: _____<br/>                     Specify reason for change: _____<br/>                     _____</p>  | <p><input type="checkbox"/> Company      <input type="checkbox"/> Daycare      <input type="checkbox"/> School</p> <p>Specify which one?: _____</p> <p align="center"><b>RECOMMENDATIONS</b></p> <p>A) No. of Recommending Family: _____<br/>                     Name: _____</p>   |
| <p><b>How did you hear about LAF?</b></p> <p><input type="checkbox"/> Recommendation LAF Family _____<br/> <input type="checkbox"/> Exa LAF Recommendation _____</p> <p><input type="checkbox"/> Exa LAF      <input type="checkbox"/> Web Page<br/> <input type="checkbox"/> LAF Employees      <input type="checkbox"/> Facebook<br/> <input type="checkbox"/> Son/daughter of Exa LAF      <input type="checkbox"/> Twitter<br/> <input type="checkbox"/> Fam LAF: _____</p> <p><input type="checkbox"/> Company Agreement: _____      <input type="checkbox"/> Other: _____<br/> <input type="checkbox"/> School Agreement: _____<br/> <input type="checkbox"/> Lives near LAF<br/> <input type="checkbox"/> I work near LAF</p> | <p align="center"><b>RECOMMENDATION LAF EMPLOYEE</b></p> <p>B) Recommending employee: _____<br/>                     Position: _____</p>  |
| <p><b>Reason of Interest in LAF:</b></p> <p><input type="checkbox"/> Costs<br/> <input type="checkbox"/> Academic Quality<br/> <input type="checkbox"/> Extended Guard<br/> <input type="checkbox"/> Human Quality<br/> <input type="checkbox"/> LAF Promotion<br/> <input type="checkbox"/> Live near LAF<br/> <input type="checkbox"/> Work near LAF<br/> <input type="checkbox"/> Other: _____</p>  | <p align="center"><b>SCHOOL</b></p> <p>Family No: _____<br/>                     Date of capture: _____</p> <p align="center"><b>INCOME</b></p> <p><input type="checkbox"/> Immediate      <input type="checkbox"/> Extemporaneous</p> <p>Date of entry: _____</p> <p align="center"><b>COMMENTS:</b></p> <p>_____<br/>                     _____<br/>                     _____<br/>                     _____</p> |

Captured by: \_\_\_\_\_