



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
As written on the Birth Certificate

First Name(s)

Level to Apply

Date of Birth _____ / _____ / _____
Day Month Year

Nationality _____

☐ Nursery
☐ Pre-K
☐ Kindergarten
☐ Elementary
☐ Jr. High

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 _____

STUDENT'S MEDICAL BACKGROUND

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						Marital Status		
Place of Birth _____						<input type="checkbox"/> Single		
City / Town			State		Country		<input type="checkbox"/> Married	
Work						<input type="checkbox"/> Separated		
Company Name _____			Position held _____			<input type="checkbox"/> Divorced		
						<input type="checkbox"/> Widow		
						<input type="checkbox"/> 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						Marital Status		
Place of Birth _____						<input type="checkbox"/> Single		
City / Town			State		Country		<input type="checkbox"/> Married	
Work						<input type="checkbox"/> Separated		
Company Name _____			Position held _____			<input type="checkbox"/> Divorced		
						<input type="checkbox"/> Widow		
						<input type="checkbox"/> 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 _____			Marital Status		
Day Month Year						<input type="checkbox"/> Single		
Place of Birth _____						<input type="checkbox"/> Married		
City / Town			State		Country		<input type="checkbox"/> Separated	
Work						<input type="checkbox"/> Divorced		
Company Name _____			Position held _____			<input type="checkbox"/> Widow		
						<input type="checkbox"/> Other		

WORK Address

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.

Name and Signature

Father

Name and Signature

Mother

Name and Signature of Guardian (if any)

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: _____</p> <p>Student's Name: _____</p> <p>Cycle: _____ Grade: _____ Group: _____</p> <p>Previous School: _____</p> <p>Specify reason for change: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Company <input type="checkbox"/> Daycare <input type="checkbox"/> School</p> <p>Specify which one?: _____</p> <p>RECOMMENDATIONS</p> <p>A) No. of Recommending Family: _____</p> <p>Name: _____</p>
<p>How did you hear about LAF?</p> <div><div><input type="checkbox"/> LAF Family Recommendation _____ <input type="checkbox"/> Exa LAF Recommendation _____</div><div><input type="checkbox"/> Publication: _____</div></div> <div><div><input type="checkbox"/> Exa LAF <input type="checkbox"/> LAF Employees <input type="checkbox"/> Son/daughter of Exa LAF <input type="checkbox"/> Fam LAF: _____</div><div><input type="checkbox"/> Web Page <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter</div></div> <div><div><input type="checkbox"/> Company Agreement: _____ <input type="checkbox"/> School Agreement: _____ <input type="checkbox"/> Lives near LAF <input type="checkbox"/> Works near LAF</div><div><input type="checkbox"/> Other: _____</div></div>	<p>RECOMMENDATION LAF EMPLOYEE</p> <p>B) Recommending employee: _____</p> <p>Position: _____</p>
	<p>SCHOOL</p> <p>Family No: _____</p> <p>Date of capture: _____</p>
	<p>INCOME</p> <p><input type="checkbox"/> Immediate <input type="checkbox"/> Extemporaneous</p> <p>Date of entry: _____</p>
<p>Motivo de interés:</p> <div><input type="checkbox"/> Costs <input type="checkbox"/> Academic Quality <input type="checkbox"/> Extended Guard <input type="checkbox"/> Human Quality <input type="checkbox"/> LAF Promotion <input type="checkbox"/> Live near LAF <input type="checkbox"/> Work near LAF <input type="checkbox"/> Other: _____</div>	<p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Captured by: _____