



La Paz Community School

www.lapazschool.org
email: paz@lapazschool.org
Tel/fax: (506)2654 4532/ Cel 8350 9102
500 mtrs. Sur de la Ferreteria
Flamingo, Guanacaste, Costa Rica

Dear Parent/Guardian,

Thank you for your interest in La Paz Community School. We look forward to meeting you as you move through the application process. Attached is an application for grades Prek-11, and below is a checklist to help you complete all of the steps in the process. You are also welcome to take a tour of the school, preferably during school hours. At any time, if you have questions, please feel free to contact us via telephone or e-mail.

- Complete application and return with a photocopy of child's passport or cedula
- Submit teacher recommendation form completed by the child's most recent teacher (*optional for students entering kindergarten*)
- Submit transcript from previous academic year
- Schedule student visit for placement assessment
- Schedule family meeting (may be combined with student visit)

La Paz Community School, 500 mtrs. Sur de la Ferreteria, Flamingo, Guanacaste, Costa Rica – Tel./fax: (506) 2654-4532
Cell: (506) 8350-9102 – paz@lapazschool.org - www.lapazschool.org

Offering experiential bilingual education to the culturally diverse youth of Guanacaste, Costa Rica



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Student Application Form

Student Information

Name of Student

Last

First

Middle

Date of Birth _____ Age _____ Male Female

Home Address

Country of Birth _____ Student's First Language _____

Level of English Proficiency: Beginner Conversational Fluent Native

Level of Spanish Proficiency: Beginner Conversational Fluent Native

Other Languages Spoken by Student

Family Information

Parent/Guardian

Parent/Guardian

Name _____

Name _____

Home Phone _____

Home Phone _____

Cell _____

Cell _____

Email _____

Email _____

Home Address _____

Home Address _____

Occupation/Title _____

Occupation/Title _____

Business Name _____

Business Name _____

Business Phone _____

Business Phone _____

Business Address _____

Business Address _____

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Applicant's natural parents are: Married Divorced Separated Parent Deceased
Who has legal custody of the student? Mother Father Joint

Other circumstances regarding student's family relationships (i.e. stepmother, stepfather, guardian, etc.)

Brothers and Sisters of Student

Name

Age/Grade

Guidance Information

List the last two schools the student has attended.

Current School Address

Grades completed

School Address

Grades completed

Has the student ever skipped a grade? Yes No

Has the student repeated a grade? Yes No

Has student ever received counselling? Yes No

If yes to any of the above, please share more information to help us better understand your child's needs:

Has the student ever been diagnosed with any learning and/or emotional disabilities?

Yes No

If yes, please specify:

Please share any information regarding any special health or physical needs your child may have such as regular medications, dietary restrictions, allergies, etc.:

Student Statement (Optional grades K-3)

Student: In your own handwriting, please describe your present interests and activities. These might include community projects, visual arts, performing arts, athletics, reading, hobbies, music, school, science, travel, etc. (Please use a separate page if necessary)

Student: Please write a paragraph indicating what you hope you will gain from a La Paz Community School education. (Please use a separate page if necessary.)

Application Agreement

I/We have read and agree to the La Paz Community School philosophy and requirements. I/We agree to support the school in carrying out these goals and understand that our participation is essential. I/We understand that the cost of a La Paz Community School education exceeds tuition, and I/we understand that my/our help is expected with fundraising and other activities that benefit the school and its programs. **I/We acknowledge that if I/we have misrepresented the truth in any way during the application, or have omitted information that affects my student's education, admission and enrollment may be revoked.**

Parent/Guardian Signature: _____

Date: _____

Please return completed application to:

***La Paz Community School
500 metros sur de la ferreteria,
Flamingo, Guanacaste, Costa Rica***

If you have any questions or need further information, please contact us at (506) 2654-4532, (506) 8350-9102 or email at paz@lapazschool.org



La Paz Community School

www.lapazschool.org

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Tel: CR (506)2654 4532/ C el 8350 9102

The Jungle Gym, 500 mtrs. Sur de la Ferreteria

Flamingo, Guanacaste, Costa Rica

TEACHER RECOMMENDATION FORM

* Parent/Guardian: Your delivery of this form to a teacher or faculty member constitutes your permission for that person to release the information requested on this form. Please furnish the teacher with a stamped envelope addressed to La Paz Community School.

Name of Student Applicant: _____

La Paz Community School offers a rich and rigorous academic program that promotes inquiry and stirs a passion for learning. The School engages students in innovative and experiential course work that fosters relationships among students, community and environment.

La Paz Community School maintains a high standard of selection based on a student's academic potential, personal interests and talents, and desire to explore his/her natural and human communities. Recommendations from teachers and/or faculty advisors are just as important to us as transcripts and lists of extracurricular activities.

We hope that you will aid us in our student selection process by carefully evaluating this student. All information furnished will be kept confidential. Thank you for your time and effort.

Your name and Title: _____

Educational Institution: _____

Address: _____

Business Phone: _____ E-mail: _____

1) In what capacity and under what circumstances do you know the applicant?

2) How do you rate the applicant's performance in your classroom?

3) Please describe the applicant based on the categories listed below. Leave those blank that do not apply.

Self-motivation and the ability to work independently: _____

Participation, social skills and cooperative behavior: _____

Academic achievement: _____

Emotional stability: _____

English language proficiency: _____

Spanish language proficiency: _____

4) Has the student received special services/ accommodations/ modifications? _____

5) Additional comments: _____

Signature: _____ Date: _____