



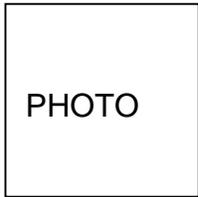
CAP CANA HERITAGE SCHOOL
Ciudad las Canas, Cap Cana, La Altagracia, R.D.
Tel: 809-695-5519 FAX: 809-695-5556

REGISTRATION REQUIREMENTS FOR NIDO TO 12TH

- Registration Authorization from the Dominican Ministry of Education (foreign students from 2nd to 6th grade)
- Convalidation of studies carried out by the Dominican Ministry of Education (students from 7th to 11th grade)
- Deliver report of final grades or progress report of the school of origin
- Primary Certificate of Completion (7th to 12th)
- Standardized Test Results (If Applicable)
- Deliver Original Birth Certificate
- Deliver Original Birth Certificate translated by a Judicial Interpreter (for foreign students whose language is not Spanish)
- Letter of no debts and good financial standing (If coming from a Dominican school)
- Copy of Immunization Record
- Pupil Registration Form
- Medical Form
- Dental Certificate
- Ophthalmological Certificate
- Auditory Exam Certificate
- Four (4) Photos (2x2") in print and digital



**CAP CANA HERITAGE SCHOOL
PUPIL REGISTRATION FORM**



Please complete the Registration Form. Read carefully, as it contains important terms and conditions to be admitted to Cap Cana Heritage School. The parent/guardian's signature is required on the Registration Form and all attached pages.

Please print.

PUPIL INFORMATION

DATE OF APPLICATION		APPLYING TO GRADE:	
NAME:		LAST NAME	
		GENDER: M ___ F ___	
DATE OF BIRTH: ___(month), ___(day), ___(year)		NATIVE LANGUAGE:	CITIZENSHIP:
PASSPORT/ID#:		LANGUAGE SPOKEN AT HOME:	
HOME ADDRESS:		HOME PHONE NUMBER:	
NEW AT CCHS: Yes ___ No ___	PREVIOUS SCHOOL:		
CURRENT GRADE:			

DOES YOUR CHILD PRACTICE A SPECIFIC RELIGION?		
FOR STATISTICAL PURPOSES, HOW DOES YOUR CHILD IDENTIFY HIMSELF/HERSELF?	HISPANIC: ___	OTHER ___ PLEASE SPECIFY:
	ASIAN: ___	
	AFRICAN AMERICAN: ___	
	CAUCASIAN: ___	
	MULTIRACIAL: ___	

APPLICANT LIVES WITH: (CHECK ALL THAT APPLY):		CHECK ANY THAT APPLIES TO APPLICANT:	
→ BOTH PARENTS	→ UNCLE	→ MOTHER DECEASED	→ JOINT CUSTODY
→ MOTHER	→ STEPFATHER	→ FATHER DECEASED	→ MOTHER HAS CUSTODY
→ FATHER	→ STEPMOTHER	→ SINGLE-PARENT HOUSEHOLD	→ FATHER HAS CUSTODY
→ GUARDIAN	→ GRANDFATHER	→ PARENTS DIVORCED	→ ADOPTION
→ NANNY	→ GRANDMOTHER	→ FATHER REMARRIED	→ OTHER:
→ AUNT	→ OTHER: _____	→ MOTHER REMARRIED	

FAMILY INFORMATION

MOTHER'S NAME (GUARDIAN):		
DATE OF BIRTH: ___(MONTH), ___(DAY), ___(YEAR)	CITIZENSHIP:	PASSPORT/ID#:
CELL:	MAIL:	
HOME ADDRESS:		HOME PHONE:
OCCUPATION:	PROFESSION:	
PLACE OF WORK:	WORK ADDRESS:	WORK PHONE:
FATHER'S NAME (GUARDIAN):		
DATE OF BIRTH: ___(MONTH), ___(DAY), ___(YEAR)	CITIZENSHIP:	PASSPORT/ID#:
CELL:	MAIL:	
HOME ADDRESS:		HOME ADDRESS:

OCCUPATION:		PROFESSION:	
PLACE OF WORK:	WORK ADDRESS:		WORK PHONE:

SIBLINGS

NAME: _____ / _____ / _____ (last name) (first name) (middle)	AGE:	SCHOOL/COLLEGE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	AGE:	SCHOOL/COLLEGE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	AGE:	SCHOOL/COLLEGE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	AGE:	SCHOOL/COLLEGE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	AGE:	SCHOOL/COLLEGE:

IN CASE OF EMERGENCY, PLEASE PROVIDE THE NAME AND PHONE NUMBER OF A RELATIVE OR FRIEND TO CONTACT

NAME:	CELL:
	RELATIONSHIP:
NAME	CELL:
	RELATIONSHIP:

OTHER CHILDREN APPLYING FOR ADMISSION

A Separate Pupil Registration Form must be filled out for each child under the Family unit registering at CCHS. Please list name and grades of other children currently requesting admission to CCHS.

NAME: _____ / _____ / _____ (last name) (first name) (middle)	APPLYING TO GRADE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	APPLYING TO GRADE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	APPLYING TO GRADE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	APPLYING TO GRADE:
NAME: _____ / _____ / _____ (last name) (first name) (middle)	APPLYING TO GRADE:

Registration Agreement.

I _____ representing the family _____,

Father/Mother/Guardian:

STUDENT'S NAME:		Grade for next year:	
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I understand and agree to attend any individual or group meetings that the School hosts, knowing that my involvement as a parent is vital to the growth of my child(ren).

I have read, understood, and agree to all of the terms and conditions outlined on the registration and admission forms, and agree that I will complete all of the steps necessary to complete the registration process.

I understand that the registration of my son/daughter is not complete until all of the required documents have been handed in and payment made.

I understand that I am responsible for assuming all costs if my son daughter is referred to a specialist or needs to receive additional academic or emotional support determined by the school.

I understand the conditions of the payment plan option that I have chosen, and promise to comply with the payment on the established dates of the plan. I understand that Cap Cana Heritage School reserves the right not to admit or re-admit my child (ren) and to withhold official documents if I have not complied with any of the payments and all assumed commitments. I also understand that the school reserves the rights to decline payments in quotas if there have been any previous late payments on the dates established by the plan.

REIMBURSEMENT POLICY:

Families must read, sign, and return the Reimbursement Policy Form Before the student can be registered.

⇒ In the event a family should have to withdraw their child(ren) from Cap Cana Heritage School, they must inform the school in writing, detailing the reason for withdrawing their child (ren).

⇒ Our reimbursement policy is the following:

- Before June 30th 60% of the tuition fee is reimbursed
- Before July 31st 50% of the tuition fee is reimbursed
- Beginning August 1st reimbursements will not be given.

⇒ The Family Fee and Parent-Teacher Association fees are non-refundable.

The School reserves the right to accept or reject admission.

Sanitary Protocol. I acknowledge and promise to comply with and ensure due compliance with the institutional health protocols, and in turn, I acknowledge and accept that COVID-19 is a Pandemic (worldwide), so its contagion can be produced in any space of circulation of "The Student", without generating civil, criminal, health and / or liability of any kind to Cap Cana Heritage School, before a possible contagion.

I authorize my son/daughter to participate in activities organized by the School, with the understanding that the School will provide adequate supervision, and that the School will act appropriately in case of an emergency.

I understand that the School reserves the right to apply sanctions to a student for academic reasons or for noncompliance with the rules and regulations of the institution.

I agree to abide by the current policies and regulations stipulated in the Student and Family Handbook of Cap Cana Heritage School and with the statues of the Parent-Teacher Association, which guide the School life and the well-functioning of the institution; I understand the role(s) assumed as parents participating in the educational process of my/our child(ren).

Cap Cana Heritage School reserves the right to refuse re-registration of the family in the School, if the behavior of the parents/guardians does not comply with courtesy norms and the rules and regulations established by the School; or if comments, conduct, or actions of any kind damage or intend to damage the reputation of the School or Cap Cana before the national or international community; also if parent/guardian demonstrates conduct that is considered inappropriate to other members of the educational community (students, teachers, guests, employees, other parents, etc.) by the school's administration.

I understand the School can provide other educational institutions with honest and accurate information about the behavioral and academic records and my child during their permanency in this School.

I am soliciting admission for my son/daughter at Cap Cana Heritage School with full understanding of the terms and conditions outlined in this admissions document.

My son/daughter can be photographed and/or filmed by the School for promotional purposes, including social media sites and the School's web page.

YES	NO
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Before signing, please read carefully the conditions about late payments and reimbursements of payment plan.

Father name/Guardian: _____

Mother name/Guardian: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**CAP CANA HERITAGE SCHOOL
DISCLOSURE FORM**

We _____ and _____ as Parents/Guardians of:
(Father/Guardian) (Mother/Guardian)

STUDENT'S NAME:		Grade for next year:	
STUDENT'S NAME:		Grade for next year:	
STUDENT'S NAME:		Grade for next year:	
STUDENT'S NAME:		Grade for next year:	

Hereby acknowledge that we have supplied Cap Cana Heritage School with all the relevant and current information in regards to the health and general well-being, as is stated in the completed Physical Examination form report submitted by his/her health physician.

We also accept that it is our responsibility to periodically update the health and well-being information, as well as providing Cap Cana Heritage School with immediate information of any sudden worsening of this child's existing condition or if a new condition arises. We acknowledge that these are both requirements made by Cap Cana Heritage School.

Lastly, we recognize that Cap Cana Heritage School is not responsible of any serious condition or situation that could affect the health of our child's and we waive the right to hold Cap Cana Heritage School liable for these reasons.

In Punta Cana, Dominican Republic, this ____ day of the month of _____, of the year _____.

Name of Father/Guardian

Name of Mother/Guardian

Signature of Father/Guardian

Signature of Mother/Guardian



**CAP CANA HERITAGE SCHOOL
MEDICAL FORM
(2021-2022)**

STUDENT'S NAME:	GRADE:
MY CHILD HAS HEALTH INSURANCE: YES () NO ()	COMPANY-POLICY NO.:
NAME OF DOCTOR:	PHONE:

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____

SYSTEM REVISION:	
GENERAL:	
HEAD:	
HEART RATE:	
TORAX:	
ABDOMEN:	
GENITOURINARY:	
EXTREMITIES:	
NEUROLOGICAL:	
OTHER:	

I certify that I have examined this child and find him/her physically able to compete in any supervised activities at school.
Y () N ()

If you indicated "No," please specify any restrictions the child might have:

E. I certify that the above named child is completely immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, hepatitis A & B and rubella. Y () N ()

CCHS is not responsible for elevated risks associated with not vaccinating.

I certify that the information offered in this document is correct and up to date. I agree to give updates to the school on a regular basis on the conditions that my child might have or requested by Cap Cana Heritage School I understand that I am required to inform the school immediately if my child has a disease or there is a change in an existing condition. I acknowledge that Cap Cana Heritage School will do its best effort in caring for the well-being of my child.

NAME OF DOCTOR _____ Exequatur _____

Office phone: _____ Cel: _____

Work address: _____

Stamp: _____ Sign _____

PERSONAL PATHOLOGIC HISTORY

PROBLEMS WITH:	CHRONIC ILLNESS:
<ul style="list-style-type: none"> ○ VISION [] ○ AUDITORY [] ○ EMOTIONAL DISORDER [] ○ FEBRILE CONVULSION [] ○ RECURRENT HEADACHE [] ○ MENSTRUAL CYCLE DISORDER [] 	<ul style="list-style-type: none"> ○ ASTHMA [] ○ DIABETES [] ○ EPILEPSY [] ○ HEART DISORDER [] ○ KIDNEY DISORDER [] ○ SURGERY HISTORY []
STUDENT IS ALERGIC TO: MEDICINE, FOOD, OTHER? YES ___ NO ___ SPECIFY _____ _____ _____ STUDENT HAS TESTED POSITIVE FOR SARS-COVID-19? YES ___ NO ___	DOES YOUR CHILD TAKE ANY MEDICATION? YES ___ NO ___ NAME OF MEDICINE: _____ WHY DOES HE/SHE TAKES THAT MEDICATION: _____ _____ STUDENT IS CONSIDERED HIGH RISK FOR INFECTION WITH SARS-COVID-19? YES ___ NO ___ _____

THE SCHOOL HAS PARENTAL CONSENT TO ADMINISTER THE FOLLOWING MEDICINE (S) TO YOUR CHILD:

MEDICATION	YES	NO
ACETAMINOPHEN		
ANTIALERGICS/ANTI HISTAMINES		
ANALGESICS		
ANTI SPASMODICS (SERTAL)		
ANTITUSIVE		
TOPICS (ANTIBACTERIAL, ANTIALERGIC, ANALGESIC CREAM)		

PEOPLE AUTHORIZED TO PICK UP STUDENT IN CASE OF EMERGENCY

COMPLETE NAME:	COMPLETE NAME:
PHONE/CEL:	PHONE/CEL:
ID NUMBER / PASSPORT:	ID NUMBER / PASSPORT:
RELATIONSHIP WITH STUDENT:	RELATIONSHIP WITH STUDENT:
COMPLETE NAME:	COMPLETE NAME:
PHONE/CEL:	PHONE/CEL:
ID NUMBER / PASSPORT:	ID NUMBER / PASSPORT:
RELATIONSHIP WITH STUDENT:	RELATIONSHIP WITH STUDENT:

I _____ authorize CCHS to give medical attention to my child at the closest clinic in case of an emergency. I certify that the information offered in this document is correct and up to date. I agree to give updates to the school on a regular basis on the conditions that my child might have or requested by Cap Cana Heritage School I understand that I am required to inform the school immediately if my child has a disease or there is a change in an existing condition. I acknowledge that Cap Cana Heritage School will do its best effort in caring for the well-being of my child.

- Students that require medication at school must bring a written prescription from the doctor and must submit written parent consent to be administered at school. Contact the Nurse’s Office at 809-695-5519 to obtain the form.
- The Nurse’s Office may share some pertinent and important information with teachers and other school officials in particular cases for the well-being of the child.

Note: This Health form should be signed by both parents and/or guardians, if more than one.

Father/Guardian

Mother/Guardian

Name (Print): _____

Name (Print): _____

Signature: _____

Signature: _____

Date: _____

Date: _____



Pick-up Authorization 2021-2022

THE SCHOOL **WILL NOT RECEIVE THIS FORM** WITHOUT:

- ALL FIELDS COMPLETED PER DESIGNATED PERSON
- COPIES OF IDENTIFICATION OF EACH PERSON ATTACHED
- IF FORM IS ILLEGIBLE

NAME:	LAST NAME:	GRADE NEXT YEAR:	GENDER:
NAME:	LAST NAME:	GRADE NEXT YEAR:	GENDER:
NAME:	LAST NAME:	GRADE NEXT YEAR:	GENDER:
NAME:	LAST NAME:	GRADE NEXT YEAR:	GENDER:

I _____ mother/father/guardian authorize the following individuals to pick up my son / daughter:

Mother _____ Father _____

Name	Telephone	Id or Passport	Id or Passport
1.			
2.			
3.			
4.			
5.			

Please assign the five individuals who will most frequently be picking up your child. If there is a person who is not on this list that may be picking up your child, you must inform the school via email.

In case of emergency, please notify:

Name of emergency contact Cell # Relationship to child

Parents/Guardians Signature Date

PLEASE ATTACH A COPY OF THE ID'S OF ALL AUTHORIZED INDIVIDUALS

CCHS ACCEPTABLE USE POLICY

Cap Cana Heritage School is pleased to offer students and staff of CCHS the use of computer networks to access the Internet, Email and other on-line material. Access to network resources will enable students to explore a multitude of educational sites and exchanges messages with Internet users throughout the world with electronic mail. These resources will be used to support research and offer unique opportunities for collaborative work. These resources contribute to all users in the school community and, therefore must be used with great care.

Access to network resources is given to students who agree to act in a considerate and responsible manner. Access is a privilege, not a right, and entails personal responsibility. Students who have not returned an Acceptable Use Policy permission form signed both by themselves and a guardian will not have independent use of the school's computer or network resources. Individual users of school computers and network resources are responsible for their behavior and communications over the network. All students are given their own personal storage space on school servers. System storage areas may be treated like lockers; Network Administrators may review files and communications to maintain system integrity and to ensure students are using the system responsibly. Users should not expect that files stored on school servers will remain private. Within reason and legal guidelines, freedom of speech and access to information shall be honored.

Rules and Responsibilities:

- I may only use the equipment that I have been instructed to use.
- I will not damage the equipment, computers or network resources.
- I may only use software that has been approved for use by school Network Administrators.
- I will not load (or attempt to load) any software not approved by school administrators on computer at school.
- I will not copy any software from a computer at school.
- During instructional time, I will remain focused on the tasks given to me by my teacher unless told otherwise. (Browsing game and entertainment websites during instructional time is not permitted)
- I will not use another student's account or reveal my password to anyone at any time.
- I understand that all computer resources, including student data storage areas and email are the property of the school and can be searched and examined at any time.
- If I believe another student has obtained information about my account, I will tell a teacher or school administrator. (System Integrity is the responsibility of all students. Therefore, a student should not be afraid to raise concerns about their account to an administrator. All accusations of misuse will be fully investigated before action is taken.)

If students do not follow the above responsibilities, students will receive the appropriate consequences outlines in the Student Handbook.

Violations

Examples of violations are listed below. Depending upon the violation and/or the amount of damage caused, the student may permanently lose his/her access to the school's network. All violations have a minimum privilege loss of one (1) school day.

- Use mobile phones or cell phones during instructional time; 8:00 a.m. to 3:00 p.m.

- Attempting to go around policies and restrictions put in place by CCHS personnel to block websites deemed inappropriate for educational environments.
- Attempting to install software on school computers.
- Attempting to browse or view social networking sites (such as Facebook or MySpace)
- Physically damaging or disabling any school computer or preventing any computer from performing normal functions.
- Bullying students in order to obtain their account information

These are only some examples of unacceptable practices. Other actions not listed here may be deemed unacceptable by school and network administrators. Questions about appropriate use can be directed toward the Principal or Technology Teacher.

I, _____, have read and understand the CCHS Acceptable Use Policy. By signing, I agree to follow the rules and procedures associated with technology at the school.

Student Signature

Date

Parent Signature

Date

INSTRUCTIONS TO REQUEST VALIDATION OF STUDIES COMPLETED IN A FOREIGN COUNTRY

DEPARTAMENTO DE ACREDITACIÓN Y TITULACIÓN DE ESTUDIOS
SECCIÓN DE CONVALIDACIÓN
TEL. 688-9700 ext. 2844 / 2827

1. All documentation that certifies that a student has approved studies in a foreign country must be legalized by the country where such studies were completed by the following institutions:
 - a) Ministry of Education at current country
 - b) Apostille from current country (The Hague Convention)
 - c) Documents properly signed and certified/stamped by the current school
2. Official Primary Certificate of Completion or equivalent grades/report cards.
3. An official academic transcript from the School(s) attendant. If transcript is not available, you must submit an official report card for all grades attended from elementary to high school.
4. Original birth certificate.
5. If documents are not in Spanish, they must be officially translated into Spanish by a judicial interpreter, submit the original and the certified translation.
6. Attendance Letter. Verifying dates of study and verification of enrollment.
7. Written application of the Validation or Homologation of studies.
8. Photocopy all documents and submit them with the original.
9. Copy of multiple Visas.