



Southwestern Educational Society

SESO

PO Box 40

Mayagüez, Puerto Rico 00681

Tel: (787) 834-2150 Fax: (787) 265-2500

e-mail: info@sesolion.com www.sesolion.com

Accredited by the Middle States Association of Colleges and Schools since 1991

APPLICATION FOR ENROLLMENT

SS #NUMBER ENTERING GRADE / / BIRTHDATE BIRTHPLACE
M/D/YR

Student's name (First, Middle Paternal/Maternal)

HOME ADDRESS

POSTAL ADDRESS

HOME TELEPHONE _____ Mother's Cel _____ Father's Cel _____

Mother's email address _____ Father's email address _____

Last Name/Second Last Name/First Name
FATHER/GUARDIAN'S NAME

Last Name/Second Last Name/First Name
MOTHER'S NAME

PLACE OF EMPLOYMENT

PLACE OF EMPLOYMENT

OCCUPATION

OCCUPATION

WORK TELEPHONE

WORK TELEPHONE

FATHER'S MARITAL STATUS _____ MOTHER'S MARITAL STATUS _____
(married, separated, divorced, single, widow, re-married) Evidence of Divorce and child
custody(when applicable) must be presented .



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Does the applicant live with parents? / / Yes / / No

(If the answer is No, please write the name of the person s/he lives with and relationship.

FAMILY'S INFORMATION

Please fill in:

Names of Brothers	Age	Attending SESO (Yes or no)

Language spoken / / Spanish / / English / / Other

Language spoken at home _____

Student's interests: _____

APPROXIMATE ANNUAL INCOME (INFORMATION NEEDED FOR DEPARTMENT OF EDUCATION AND MIDDLE STATES ASSOCIATION STATISTICS)

____ \$20,000 – \$39, 999

____ \$40,000- \$59, 999

____ \$60,000-\$79,999

____ \$80,000 – \$99, 999

____ \$100,000- \$119, 999

____ \$120,000-More

FATHER'S HIGHEST GRADE _____ MOTHER'S HIGHEST GRADE _____

NUMBER IN FAMILY _____

ETHNIC GROUP : _____ PUERTO RICAN _____ USA _____ LATIN AMERICAN
_____ EUROPEAN _____ ASIAN, OTHER _____

I hereby contest that the above information is correct and will notify the school of any changes in the future.

PARENT'S SIGNATURE

DATE



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PHYSICAL EXAMINATION

(This form must be completed by a Doctor)

STUDENT'S NAME _____ GRADE _____

AGE _____ DOB _____ FEMALE _____ MALE _____

WEIGHT _____ HEIGHT _____ VISION _____ HEAD _____

EARS _____ NOSE _____ THROAT _____ NECK _____

THORACIC:

HEART _____ B/P _____ PULSE _____

LUNGS _____

GENTALS: _____

MENSTRUATION: _____

ABDOMEN: _____

GENERAL NEUROLOGIC: _____

IMPRESSIONS OR RECOMMENDATIONS: _____

HEALTH HISTORY OF THE CHILD

Epilepsy	yes <input type="checkbox"/>	no <input type="checkbox"/>	Diabetes	yes <input type="checkbox"/>	no <input type="checkbox"/>
Hypertension	yes <input type="checkbox"/>	no <input type="checkbox"/>	Ulcers	yes <input type="checkbox"/>	no <input type="checkbox"/>
Nervousness	yes <input type="checkbox"/>	no <input type="checkbox"/>	Kidney problems	yes <input type="checkbox"/>	no <input type="checkbox"/>
Headache/Migraine	yes <input type="checkbox"/>	no <input type="checkbox"/>	Heart disease	yes <input type="checkbox"/>	no <input type="checkbox"/>
			Asthma	yes <input type="checkbox"/>	no <input type="checkbox"/>
			Other Conditions	yes <input type="checkbox"/>	no <input type="checkbox"/>

(If yes, please give more information)

ALLERGIES: _____

OTHER COMMENTS: _____

Print Doctor's Name

LIC #

Signature

Date



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FIRST AID AND PHYSICAL EDUCATION RELEASE FORM

We hereby request permission for your child (ren) to perform all activities required in the Physical Education class (P.E.). If your child (ren) has any kind of physical limitation or condition, which would prohibit or limit any participation, a medical certificate is required. In addition, we request your authorization for the school First Aid Officer/Personnel to give first aid assistance or take any necessary measures for the treatment and care of your child (ren) in case of an emergency, and /or the administration of prescribed medication (necessary for the child's special condition during school hours) and non-prescribed medication such as Acetaminophen, Benadryl, Advil, Tums Pepto-Bismol, antibiotic creams and other over the counter products.

Student's Name	Grade	Any physical condition/or allergy (specify)	PE Participation YES/NO
1.			
2.			
3.			
4.			

IN CASE OF EMERGENCY NAME	Relationship	Phone Numbers
CONTACT 1		
CONTACT 2		

It is understood and agreed that neither SESO nor any of its administrative officers or faculty shall be liable in any way for such services.

Parent/ Legal Guardian's Signature

DATE