

SOUTHWESTERN EDUCATIONAL SOCIETY

Sociedad Educacional del Suroeste

SESO

P.O. BOX 40

Mayagüez, Puerto Rico 00681

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PRE-REGISTRATION CERTIFICATION

Academic Year _____ - _____

Date of Pre-Registration _____

_____ has applied for enrollment at SESO for the _____
Student Name _____ Grade _____

Parent or Guardian
Address _____ Telephones _____

For Office use Only:

Documents that have to be turned in :

1. _____ Enrollment Application
2. _____ Health Record Form certified by a Physician
3. _____ Eye and Ear Exam certified by a Physician (Kinder-4th grades)
4. _____ Official Transcript and most recent Report Card
5. _____ Letter of Recommendation from Previous School
6. _____ Letter of Good Standing from Previous School
7. _____ Vaccination Form (PVAC-3): All immunization requirements should be up to date
8. _____ Two photos 2 x 2
9. _____ Psychometric Evaluation (Kinder-4th grades)
10. _____ Application and Testing Fee- \$50.00 per student (**not reimbursable**)
11. _____ Birth Certificate – Original
12. _____ First Aid Waiver
13. _____ Parent ID with Photo(copy)

ADMITTED _____ **NOT ADMITTED** _____ Evaluated by SSL Teacher _____

Date Admission Committee accepted : _____ Math level _____

Directors Signature _____ Admitted with Contract _____ Yes _____ No _____

Comments: _____

