

**Shkolla e Gjuhës dhe
Trashëgimisë Shqiptare "BESA"**

Please attach recent
photo here

**ADMISSIONS APPLICATION
COVER SHEET**

STUDENT INFORMATION

Child's Name _____ Sex _____ DOB ___/___/___

Home Address _____

Home Phone or Main Phone Number: _____

IDENTIFYING INFORMATION

Eye color _____ Hair Color _____ Race _____ Height _____ Weight _____

Primary Language _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Relationship to Child _____

Home Address _____

Cell Phone Number _____

Email Address _____

Parent/Guardian Name _____

Relationship to Child _____

Home Address _____

Cell Phone Number _____

Email address _____

Preferred Contact Person / Number in Case of an Emergency _____

Names & Ages of other children in family _____

ADDITIONAL INFORMATION

Allergies/Special Diets _____

Special Limitations or Concerns _____

Does the child have an Individual Health Plan for a chronic health condition?

Yes No (If yes, please attach)

Chronic Health Conditions _____

Are there any custody agreements, court orders and/or restraining orders pertaining to the child?

Yes or No

If Yes, please attach. If yes, where is the child's primary residence: _____

SCHEDULE INFORMATION

Program (Please circle a program you would like to attend)

Albanian Language – Preschool

Albanian Language – Abetare

Albanian Language – Lexim/Shkrim

Folk Dance

Mathematics

Circle any other subject of interest for tutoring and future class interest:

Computer Science, Science, Social Studies, Other _____

Any additional information we need to know:

Parent or Guardian Signature: _____ Date: _____

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Authorization Form

Media and Information Sharing Permission

Child's Name: _____

Permission to Take/Use Photographs/Videos/Facebook

Throughout the school year, there are many events/activities that we will want to record. Photographs will be taken often, and videos occasionally. These photographs will be used for classroom and hallway displays, art projects, blogs, or for memory books.

_____ Yes

_____ No

Permission to Post Photos on Facebook

_____ Yes

_____ No

Permission to Post Allergies/Medical Concerns

For the health and safety of each child at School, an allergy/medical concerns list is posted in the classroom. I authorize the School to include my child's name and relevant information on this list.

_____ Yes

_____ No

_____ N/A

Parent's Signature: _____ Date: _____

Field Trip Permission

Throughout the year, the opportunity arises for the children to take short walking trips around the neighborhood to enrich the curriculum. No child will be taken on a trip requiring transportation without additional signed, written permission.

I hereby authorize the School to take my child, _____, on short educational walking trips.

Parent's Signature: _____ Date: _____