



TASIS DORADO SUMMER PROGRAM 2018

MARINE BIOLOGY & ENVIRONMENTAL STUDIES

SPANISH LANGUAGE

STUDENT APPLICANT:

Last Name: _____ First Name: _____

Middle Name: _____ Nickname: _____

Gender: Male Female Date of Birth: _____ Day _____ Month _____ Year _____

Nationality: _____

Current School: _____

School Address: _____

PLEASE SELECT ONE OF THE FOLLOWING:

Spanish Language and Culture Program Marine Life and Environmental Studies

PARENT/LEGAL GUARDIAN:

Name: _____

Full Address: _____

Home Telephone: _____

Home Email: _____

Work Telephone: _____

Work Email: _____

HOW DID YOU FIRST HEAR ABOUT TASIS?

Advertisement TASIS Alumnus/a Friends Teacher

School Directory Agent Internet Other

Please specify name of source _____

PAYMENT

A deposit of \$1000 must accompany each application form and is payable when the application form is submitted. The deposit will be retained by the School if the student fails to enter. Payment for the total tuition is to be made 30 days after receipt of the invoice. Total tuition must be paid prior to student arrival on campus.

Credit Card: Visa Mastercard Debit Card

Card Number: _____

Cardholder's Name: _____

Expiry Date: _____ Month _____ Year _____ Security No: _____ (last 3 digits on back of card) Amount: \$ _____

Cardholder's Signature: _____

There will be no debit card or credit card handling charge on payment of the deposit or balance.

TERMS AND CONDITIONS

Cost \$5,635

Saturday, June 23 - Saturday, July 14

Open to students aged 12 – 18

The fees include room and meals, tuition, excursions, books, accident insurance, laundry, and airport transfers to and from San Juan Muñoz Marin Airport on the published program arrival and departure dates. Fees do not cover airfare, personal spending money, health insurance, and medical expenses.

The School reserves the right to make changes when in the best interests of the Program.

Acceptance constitutes a contract to pay the entire tuition for the enrolled period. There is no reduction or refund for absence, withdrawal, or dismissal.

The School reserves the right to dismiss, at any time, a student who has proven to be an unsatisfactory member of the School community. If, in the School's judgement, a student's conduct on or away from campus indicates that he or she is consistently out of sympathy with the ideals and objectives of the programs, parents, agents, or guardians will be required to withdraw the student.

By enrolling in the Program, it is understood that the student may participate in all activities, athletics and excursions. Parents and students agree that TASIS shall have the right to publish or use quotations, photographs, tapes and other recorded media of the student for summer school publications, news releases, and advertising. It is understood that any rights in regards to the student's picture, likeness, quotations, as well as any compensation for exposure is waived upon enrollment.

I certify that this student is physically able to participate in all activities of the Program

Date

Signature of Parent/Guardian

APPLICATION PROCEDURE

- Please complete and sign the application form and pay the deposit of \$1000 by credit or debit card.
- Mail/Email or fax all application materials to the TASIS England Summer Admissions Office.
- Ask the student's Spanish teacher to complete the teacher recommendation form, to be mailed to the TASIS England Summer Admissions Office.
- Upon receipt of all application documentation, confirmation of a student's acceptance to the program will be dispatched from the Admissions Office.

Summer Admissions Office
TASIS England Summer School
Coldharbour Lane
Thorpe, Surrey, TW20 8TE
United Kingdom

TASIS United States Office
107 S West St. Suite 957
Alexandria, VA 22314
USA

TASIS Dorado
11 Carr 693 Sabanera
Dorado
Puerto Rico 00646-3452

Tel: +44 (0) 1932 582346

Email: usadmissions@tasis.com

Fax: +44 (0) 1932 564644

Email: uksummer@tasisengland.org

Web: www.tasis.com

TRAVEL INFORMATION

1. Students will be sent a Travel Information Request Form. This form requests FULL arrival and departure information and should be returned as soon as possible.
2. Students may not arrive before the published arrival date nor remain after the published departure date.
3. Students will be met and transported from/to San Juan Muñoz Marin Airport free of charge if the student travels on the published arrival and departure dates, and if the School is notified ahead of time. Where possible, arriving/departing flights should be booked between 10am and 3pm on the published dates.



TASIS DORADO SUMMER PROGRAM 2018

CONFIDENTIAL MEDICAL HISTORY

STUDENT APPLICANT:

Last Name: _____ First Name: _____

Date of Birth: _____ Day _____ Month _____ Year _____ Gender: Male Female

TO BE COMPLETED BY PARENT/GUARDIAN

1. Please tick yes OR no to all of the following. If yes, please give details in the space provided:

Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appendicitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting or Loss of Consciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No	High or Low Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Illness in past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attention Deficit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression/Emotional Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tendency to Bleed Easily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Constipation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Menstrual Cramps	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of the above please provide further information:

2. Please indicate below if your child suffers from any of the following allergies:

Medication / drug (e.g. Penicillin)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food (e.g. nuts, milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental (e.g. dust, pollen)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insects (e.g. bees, wasps)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE SEND ANY EMERGENCY MEDICATIONS FOR SEVERE REACTIONS (bee sting kits, inhalers)

If you have answered YES to any of the above, please give details:

3. Does the student have asthma? If yes, please answer the following questions. Yes No

What is the severity? e.g. mild/moderate/severe _____

What are the triggers? e.g. exercise/dust _____

Type of medication prescribed (if any)? _____

4. Does this condition affect the students' performance in class, or socially? Yes No

5. Date of last tetanus vaccination: _____

6. Should any sports restrictions apply (i.e. due to previous injury and/or bone or joint disease?)

Yes No

If YES please provide details:

7. Has the student ever been under the care of a therapist/psychiatrist?

Yes No

If YES please provide details and/or a letter of recommendation:

8. Does the student have any learning difficulties?

Yes No

If YES please specify:

9. Any traumatic experience(s) that may affect the student while at TASIS (e.g. dog bite, major fall, death)

Yes No

If YES please provide details:

10. Habits to be aware of (i.e. very shy, afraid of water or heights):

11. Religious practices that may affect the student while at TASIS:

12. Is the student taking regular medication?

Yes No

If YES please provide details including indication, name, dose, etc.:

13. How long has the student been taking the medication?

14. Has the student been in contact with any contagious disease recently?

Yes No

If YES please provide details:

15. Is the student a vegetarian or vegan?

Yes No

16. Additional comments or information?

PLEASE NOTE

1. If your child wears glasses or contact lenses, please supply a second pair and/or include prescription, just in case they get lost or broken.
2. Please remember to send emergency allergy medication if required.

The TASIS Spanish Summer Program is a fast-paced, intensive language program designed for students who want to improve their fluency in Spanish while experiencing the culture and history of Puerto Rico. Students need to be able to quickly immerse themselves in new surroundings and adapt quickly to new foods and customs. Please note that there is no qualified nurse on campus during this program. Families who have concerns or questions about this program should contact the TASIS Summer Admissions office for a more detailed discussion.

Signature of Parent/Guardian

Date



THE TASIS SUMMER PROGRAMS
ENGLAND ♦ FRANCE ♦ PUERTO RICO
RECOMMENDATION FORM

TO THE APPLICANT: Please fill in the two lines below, then pass this form to your teacher for completion, together with a stamped envelope addressed to a TASIS Admissions Office.

Full Name of Applicant: _____

(please type or print in CAPITAL letters)

Course in which you are enrolling: _____

PRIVATE & CONFIDENTIAL

The student whose name appears above has applied for admission to a TASIS Summer Program. This assessment is an important part of the applicant's credentials and your co-operation in providing a full and candid report will be greatly appreciated.

Please type or print in CAPITAL letters

1. How long have you known the applicant? _____ Have you taught the applicant? Yes No

If not, what is your relationship with the applicant? _____

2. Please check the appropriate boxes:

	Excellent	Good	Average	Below Average	No basis for judgement
Study habits & organizational ability					
Ability to work independently					
Self-discipline					
Perseverance					
Reaction to criticism					
Ability to get along with others					
Politeness					
Leadership					
Self-confidence					
Warmth of personality					
Sense of humor					
Maturity					
Use of English (if not mother tongue)					

3. Has the applicant in any way been a disciplinary problem? If so, please explain: _____

4. Please rate the applicant as accurately as you can, comparing him / her with classmates:

	Excellent	Average	Above Average	Below	Poor
Ability					
Motivation					

5. I recommend this applicant for the TASIS Summer Program in terms of:

	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommended
Character					
Academic Ability					

6. We welcome any additional comments you think might be helpful to us, including special interests or talents, and special educational or emotional needs.

Please print name: _____	Signature: _____
Position: _____	Date: _____
Name of School: _____	
Address: _____	
Telephone: _____	Fax: _____
E-mail: _____	

PLEASE MAIL THIS FORM TO ONE OF THE FOLLOWING TASIS ADMISSIONS OFFICES:

THE AMERICAN SCHOOL IN ENGLAND
Coldharbour Lane, Thorpe
Surrey, TW20 8TE, England
Tel: +44 (0) 1932 582346
Fax: +44 (0) 1932 564644
E-mail: uksummer@tasisengland.org

THE TASIS SUMMER PROGRAMS
112 South Royal St.
Alexandria, VA 22314, USA
Tel: +1 703 299 8150
Fax: +1 703 299 8157
E-mail: usadmissions@tasis.com