



INTERNATIONAL SECTION - APPLICATION FORM

APPLYING FOR GRADE: _____

ACADEMIC YEAR : 20__ 20__

NAME OF STUDENT: _____
LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH _____ / _____ / _____ AGE: _____ / _____ SEX: M F
MONTH / DAY / YEAR YEARS / MONTHS

ECUADORIAN ID. NUMBER: _____ PASSPORT NO: _____

PLACE OF BIRTH (CITY/COUNTRY) : _____ CITIZENSHIP: _____

LAST SCHOOL ATTENDED: _____

GRADE COMPLETED: _____

HOME ADDRESS: _____

PARISH: _____

HOME TELEPHONE: _____

LANGUAGES SPOKEN AT HOME: _____

OTHER LANGUAGES SPOKEN: _____

ENGLISH LEVEL: BASIC INTERMEDIATE ADVANCED

SCHOOLS ATTENDED:

NAME OF INSTITUTION	CITY	GRADE	ACADEMIC YEAR	LANGUAGE OF INSTRUCTION	SCHOOL E-MAIL ADDRESS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PARENTS' MARITAL STATUS:

MARRIED DIVORCED SEPARATED WIDOWED OTHER _____

STUDENT LIVES WITH:

MOTHER & FATHER MOTHER FATHER GRANDPARENTS OTHER: _____



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FAMILY INFORMATION:

FATHER'S NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ECUADORIAN ID. NUMBER: _____ PASSPORT NO: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (CITY/COUNTRY) : _____ CITIZENSHIP: _____

HOME ADDRESS: _____

PARISH: _____

HOME TELEPHONE: _____

OCCUPATION: _____

FIRM OR ORGANIZATION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ E-MAIL: _____

CELL PHONE: _____

MOTHER'S NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ECUADORIAN ID. NUMBER: _____ PASSPORT NO: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (CITY/COUNTRY) : _____ CITIZENSHIP: _____

HOME ADDRESS: _____

PARISH: _____

HOME TELEPHONE: _____

OCCUPATION: _____

FIRM OR ORGANIZATION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ E-MAIL: _____

CELL PHONE: _____

THE LEGAL GUARDIANS OF THE APPLICANT ARE:

PHOTO	PHOTO	PHOTO	PHOTO
NAMES /	NAMES /	NAMES /	NAMES /
RELATIONSHIP TO THE SUDENT	RELATIONSHIP TO THE SUDENT	RELATIONSHIP TO THE SUDENT	RELATIONSHIP TO THE SUDENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THE LEGAL REPRESENTATIVE IS NOT THE FATHER NOR MOTHER OF THE STUDENT, WE ASK THAT YOU PROVIDE INFORMATION REGARDING THE PERSON LEGALLY REPRESENTING THE STUDENT. PLEASE INCLUDE LEGAL DOCUMENTATION CERTIFYING THIS LEGAL REPRESENTATION. IF THESE DOCUMENTS ORIGINATED IN THE EXTERIOR, THE DOCUMENTS NEED TO BE TRANSLATED AND LEGALIZED (APOSITLLED)



INTERNATIONAL SECTION - APPLICATION FORM

HOW DID YOU LEARN ABOUT THE INTERNATIONAL SECTION?

DOES THE APPLICANT HAVE SIBLINGS AT THE AMERICAN SCHOOL OF QUITO?

YES _____ NO _____ GRADE _____ SECTION _____

ARE OTHER SIBLING APPLYING FOR OTHER GRADES?

YES _____ NO _____ GRADE _____ SECTION _____

DID THE PARENT(S) OF THE APPLICANT STUDY IN THE INTERNATIONAL SECTION?

YES _____ NO _____ GRADE _____ YEARS COMPLETED _____

DID THE PARENT(S) OF THE APPLICANT STUDY IN THE NATIONAL SECTION?

YES _____ NO _____ GRADE _____ YEARS COMPLETED _____

DESCRIBE ANY SPECIAL MEDICAL ATTENTION THE APPLICANT REQUIRES:

DESCRIBE ANY EXTRA ACADEMIC HELP THE APPLICANT HAS RECEIVED OR CURRENTLY REQUIRES INSIDE OR OUTSIDE OF SCHOOL:

HAS THE APPLICANT EVER HAD A DISCIPLINE PROBLEM OR RECEIVED A SANCTION FOR A DISCIPLINARY ISSUE?

HAS THE APPLICANT FAILED OR REPEATED A SCHOOL YEAR? IF YES, PLEASE EXPLAIN:

HAS THE APPLICANT HAD AN EVALUATION, EITHER BY A CLINICAL PSYCHOLOGIST, EDUCATIONAL PSYCHOLOGIST OR PSYCHIATRIST? IF YES, PLEASE EXPLAIN BELOW AND ATTACH RESULTS.



INTERNATIONAL SECTION - APPLICATION FORM

I HEREBY ACCEPT ALL RESPONSIBILITY FOR ALL DOCUMENTATION PROVIDED AND AFFIRM THAT DOCUMENTS PROVIDED TO FCAQ ARE CORRECT, COMPLETE AND TRUTHFUL. ALL DOCUMENTS PROVIDED WERE OBTAINED LEGALLY AND CONTAIN PERSONAL AND TRUTHFUL INFORMATION. IF NEEDED, UPON REQUEST, ALL DOCUMENTS WILL BE PROVIDED AS ORIGINAL COPIES OR CERTIFIED IN ORDER TO PROVE VERACITY AND LEGALITY OF THE INFORMATION PRESENTED.

WE AUTHORIZE FCAQ TO VERIFY THAT ALL INFORMATION IS CORRECT, LEGAL AND COMPLETE, AND IN THE EVENT THAT THE INFORMATION PROVIDED IS ERRONEOUS, ALTERED, OR FALSE, WE UNDERSTAND THE REGISTRATION WILL BE CANCELED.

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

LEGAL GUARDIAN'S SIGNATURE (IF APPLIED): _____

DATE: _____

IMPORTANT:

- PLEASE INCLUDE ALL LEGAL DOCUMENTS REQUESTED WITH YOUR APPLICATION FORM. THESE DOCUMENTS SHOULD BE UP TO DATE. THE REQUIRED DOCUMENTS INCLUDE THE FOLLOWING:
 - COPY OF THE STUDENT'S ECUADORIAN ID OR PASSPORT
 - COPY OF THE LEGAL REPRESENTATIVE'S ECUADORIAN ID OR PASSPORT
 - IN THE CASE OF LEGAL REPRESENTATION OF A MINOR, DOCUMENTS OF LEGAL REPRESENTATION.
 - REGISTRATION INFORMATION REQUIRED BY FCAQ FOR THE SECTION THE STUDENT IS APPLYING FOR (PRE-SCHOOL, PRIMARY OR SECONDARY)
- THIS APPLICATION DOES NOT GUARANTEE REGISTRATION ACCEPTED.
- IF BOTH PARENTS ARE NOT ABLE TO SIGN THIS APPLICATION, A DOCUMENT WILL NEED TO BE PROVIDED TO PROVE CONSENT OF THE MISSING SIGNATURE, AS WELL AS CONFIRM ALL INFORMATION PROVIDED IS CORRECT.
- IN THE EVENT THE PARENTS ARE OUT OF THE COUNTRY, A DOCUMENT WILL NEED TO BE PROVIDED SHOWING POWER OF ATTORNEY (TRANSLATED AND APOSTILLE) OF THE PERSON LEFT IN CHARGE TO FILL OUT THE APPLICATION FORM.
- ALL INFORMATION PROVIDED IN THE APPLICATION COULD BE SUBJECT TO VERIFICATION BY FCAQ.
- ANY INFORMATION THAT IS INCORRECT, ERRONEOUS, OR FALSE WILL RESULT IN AN APPLICATION BEING CANCELED.

PLEASE DO NOT WRITE BELOW THE LINE.

TEST DATE REQUESTED: _____ DATE: _____

STUDENT ACCEPTED: _____ DATE: _____

GRADE: _____