



# TASIS DORADO SUMMER Day PROGRAM 2017

## 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 credit card handling charge on the DEPOSIT payment. Any other payment made by credit card will incur a 2.5% handling charge. Information on methods of payment for the balance will be given on the invoice. Debit cards do not incur handling charges.

## TERMS AND CONDITIONS

Cost \$1,500 SSL \$1,800 Marine Life

June 26 - July 14

Open to students aged 12 – 18

The fees include room and meals, tuition, excursions and books. Fees do not cover 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 Dorado Advancement Office.
- Ask the student's Spanish teacher to complete the teacher recommendation form, to be mailed to the TASIS Dorado Advancement Office
- Upon receipt of all application documentation, confirmation of a student's acceptance to the program will be dispatched from the TASIS England Admissions Office.

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

Tel: +44 (0) 1932 582346  
Fax: +44 (0) 1932 564644  
Email: [uksummer@tasisengland.org](mailto:uksummer@tasisengland.org)  
Web: [www.tasis.com](http://www.tasis.com)

TASIS United States Office  
112 South Royal Street  
Alexandria, VA 22314  
USA

Tel: + 703 299 8150  
Fax: + 703 299 8157  
Tel: + 1 800 442 6005  
Email: [usadmissions@tasis.com](mailto:usadmissions@tasis.com)

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

Tel: +1 787 796 0440 Ext. 242  
Email: [yegros.m@tasisdorado.com](mailto:yegros.m@tasisdorado.com)  
Web: [tasisdorado.com](http://tasisdorado.com)



# TASIS SPANISH SUMMER PROGRAM 2016

## 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