Colegio Maya Admissions Procedures

At Colegio Maya, we understand that the process of changing schools and/or moving to another country can be challenging and time consuming. That is why we make every effort to streamline the procedures and assist you with this process. Please, if at any time you require assistance or need guidance regarding any of the information or steps detailed below, do not hesitate to communicate with us directly. You can reach the Director’s office by calling the school’s telephone (502) 6644-1200 or by e-mailing the Director’s secretary, Cecilia Castillo, at cecastillo@cm.edu.gt.

Colegio Maya’s mission is to provide a program that maintains and benefits from the international diversity of our community. We are a college preparatory school with a U.S. Curriculum that enrolls students without regard to race, creed, gender, national origin, or religious belief. It is our desire that all students succeed in this environment and we make every possible effort to accommodate for a variety of abilities and interests.

All students applying to Colegio Maya must satisfy academic and conduct requirements. Records will be evaluated during the admissions process, including academic performance, conduct, special learning needs, and level of mastery of the English language-- the primary language of instruction at Colegio Maya.

Please refer to the following information to help guide you through the admissions process:

1) Age Requirements:
   - Pre Kinder need to be four (4) years of age on or before September 1 of the current year.
   - Kindergarten need to be five (5) years of age on or before September 1 of the current year.
   - 1st Grade need to be six (6) years of age by September 1 of the current year.

2) Testing may be conducted for admissions and placement purposes.

3) Application Checklist: (Please gather and return these items as soon as possible)
   - ☐ Letter of recommendation that includes information regarding conduct from previous school(s)
   - ☐ Confidential School Report, K-12
   - ☐ Certified Original Report card(s) from previous school(s) documenting all previous grades.
   - ☐ Certified Original Official transcript(s) from previous school(s) (9-12) Standardized test scores (if available)
   - ☐ Vaccination certificate (copy)
   - ☐ A recent complete physical examination (past three months)
   - ☐ Original Birth certificate
   - ☐ For Guatemalan families only: copy of mother’s and father’s DPI or cédula
   - ☐ One small recent picture

4) Fill out the forms in this registration package completely and return them to the Office of the Director.

5) Screening of academic records by the Admissions Committee and medical records by the school health provider.

6) Schedule and attend an admissions interview.
7) If necessary, additional screening may take place for fluency in written and oral English and/or for special learning needs. See below for more information on ESOL and LRC services.

8) The admissions decision, including the proper student placement, will be communicated to parents as soon as the admissions team has evaluated all the materials and reached a decision.

9) Parents arrange payment plan in Cashier’s Office.

**English for Speakers of Other Languages (ESOL) Services:** For students with limited English proficiency, the school provides intensive English instruction in grades 1-5. The goal of ESOL instruction is to promote the academic English language proficiency skills that students will need to succeed in content area courses and receive a diploma from Colegio Maya Learning Resource Center (LRC): Colegio Maya provides services for students diagnosed with mild learning disabilities in grades 1-8. Students requiring services in the LRC must have a psycho-educational evaluation that includes an evaluation of the intellectual potential, academic achievement, cognitive processes and the emotional profile.

Additional fees are required for students who attend the ESOL and LRC programs for an amount established by the Board of directors. Enrollment may be restricted based on available resources, staff and classroom space.

We at Colegio Maya fully understand the importance of supporting individual differences and believe that this is possible when we work as a team, parents-teachers-principals-counselors, with the child’s best interest as our common goal. In order to best serve the needs of your child, we urge parents give us the most accurate, complete information possible concerning the student’s health and learning abilities/disabilities so that we can make an appropriate placement decision. **Any relevant information that is not disclosed at the time of the admissions process may be grounds for reversal of admissions decisions at any time.**

**PLEASE NOTE:**
If you are moving to Guatemala it is our recommendation that you travel with all of your child/ren’s paperwork in hand so that admission process will not be delayed. Documents can also be faxed from abroad to our Registrar, Cecilia Castillo, at (502)-2365-0706, or send them by email to cecastillo@cm.edu.gt.

We look forward to receiving your application documents and having you join our Colegio Maya family.
Confidential School Report

Name of applicant: _________________________________ Applying for grade: __________________

TO THE APPLICANT: Please have this form completed by your Guidance Counselor or Principal.

TO THE REFERENT: Thanks for taking the time to complete this form. The above-named student is an applicant for admission to Colegio Maya a private college-prep International American School. This reference is an important part of the admission process and we thank your honest assessment. All information received through this form will be kept confidential.

When this form is completed, please fax both sides to 502-2365-0706, or mail original to Section 0280, PO Box 02-5289, Doral, FL 33102-5289 or email it to info@cm.edu.gt. If it is sent through the parents, please send it in a sealed envelope.

Academic Development

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Outstanding</th>
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<th>Poor</th>
<th>No basis</th>
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<td>Self-discipline</td>
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<td>Intellectual curiosity</td>
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<td>Creativity/originality</td>
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Character Development

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<th>Poor</th>
<th>No basis</th>
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<td>Ability to work in groups</td>
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<td>Respect for others</td>
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<td>Honesty/Integrity</td>
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<td>Independence</td>
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<td>Emotional maturity</td>
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<td>Self-confidence</td>
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1. How long and in what capacity have you known the applicant?

“A community that inspires excellence in every learner by developing their unique mind, body and character to become independent value-driven citizens.”

Apartado Postal 2-C Código 01073 Guatemala, Guatemala – Local phones: 66441200 / 66441201 Internacional phones 011-502-66441200 / 011-66441201 – Fax: 011-502-2365-0116 E-mail: info@cm.edu.gt Website: www.cm.edu.gt
2. Which words or phrases come to your mind to describe the applicant?

3. What are the applicant’s strengths?

4. In what areas does the applicant need improvement?

5. Has the applicant ever been referred for disciplinary matters? (If so, please give details.)

6. Parents are an integral part in the educational process. Which words best describe the parents in regard to their child?

7. Does the applicant have any specific educational/learning need? If yes, please explain.

8. Does the applicant receive any special support? If yes, please explain.

9. Please indicate the strength of your recommendation by checking the appropriate response:

   Enthusiastically _____  Comfortably _____  With Reservations _____

   I do not recommend this student ______  Please explain

10. Please provide any additional comments that will assist us in our admission decision,

Name: ___________________________  Position/Title: ___________________________

School: ____________________________________________

School address: ______________________________________

Telephone: _________________________  Fax: _________________________________

Signature __________________________ Email address: ____________________________

“A community that inspires excellence in every learner by developing their unique mind, body and character to become independent value-driven citizens.”
III. Payment Plan Agreement 2014-2015 (one per family)

A. Member information

Father

Telephone

Mother

Telephone

B. If your employer is responsible for making your membership fee payment, please complete:

Business Name

Address

Telephone

Nit

C. Children admitted

Grade

Date admitted

ID Number

D. Association Membership Fee Structure 2014-2015

Fees pertain to each child enrolled (K-12)

Association Incorporation Fee* $7500 (first year only) Due by August 16, or 10 days after admission.

Annual Membership Fee

1. Elementary (K-5) $12,953.00
2. Middle School (6-8) $13,541.00
3. High School (9-11) $13,717.00
4. Senior Fee (12 grade) $13,917.00

Fees pertain to each child enrolled (Pre-Kinder)

Association Incorporation Fee** $1,500.00

Annual Fee (Pre-kinder)

Pre-Kinder $8,719.00

* Upon enrolling your child (ren) in Colegio Maya you become a member of the Asociación del Colegio Maya de Guatemala. All fees are referred to as "Association Membership Fees."

** This $1500 fee is applied to the Association Initial Incorporation Fee when the child registers in kindergarten the next year.

E. I prefer the following (initial) payment plan: (K-12):

A. One (1) payment for the entire year, as described in the 2014-2015 payment plan information form (due August 11th)

B. Two (2) payments per year, as described in the 2014-2015 payment plan information form

C. Eight (8) monthly payments per year as described in the 2014-2015 payment plan information form

Note: All fees are payable in US dollar checks, cashier’s checks or money orders payable in the US, or Quetzal checks, cashier’s checks or money orders. Administrative additional charge of $50 or Q50 will be charged for a bounced check plus the bank charges. After two bounced checks, only cashier’s checks or certified checks will be accepted. All checks should be made to Asociación Del Colegio Maya de Guatemala. In all cases, payments are due on the first ten days of the month. All payments received after the first ten (10) days of the month are subject to a 5% administrative additional charge on the past due amount.

Cash will not be accepted. Cashier Office hours are from 7:00 am to 4:00 pm Monday through Friday

F. The member assumes full responsibility for fees should the business/employer default in its payments.

Member Signature

Date

Director’s Signature

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OTHER PAYMENTS

- ESOL fee/ per semester (only ESOL students)   Q 5,565.00
- LRC fee/per semester (only LRC students)     Q 6,010.00
- Incorporation fee K-12:                      $ 7,500.00
- Incorporation fee PK:                         $ 1,500.00

Checks should be made to: **Servicios Profesionales Maya, Sociedad Anónima.**

**Terms of Payment:** all payments must be received on or before the dates listed in this payment schedule. Payments received after that date will be automatically subject to a 5% of administrative fee. The delay will not be waived.

The bounced check fee is $ 50.00 (check in dollars) or Q50.00 (check quetzals). After 2 returned checks for any reason, we will only accept a cashier's check or certified check.

**This document will be your only payment notice.**

- **Payment:** All checks should be made payable to: Asociación del Colegio Maya de Guatemala. No cash will be accepted.
- **Dollars:** checks should be made payable in the United States.
- **Quetzales:** the exchange rate will be established by the school.
III. Convenio de Pago 2014-2015 (uno por familia)

A. Información del Socio

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Dirección</th>
<th>Teléfono</th>
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<tr>
<td>Padre</td>
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<tr>
<td>Madre</td>
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</table>

B. En caso que su patrón sea el responsable de hacer los pagos de su membresía por favor complete lo siguiente:

<table>
<thead>
<tr>
<th>Nombre de la Empresa</th>
<th>Dirección</th>
<th>Teléfono</th>
<th>Nit</th>
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</table>

D. Estudiantes que fueron aceptados

<table>
<thead>
<tr>
<th>Grado</th>
<th>Fecha de Admisión</th>
<th>No. de Identificación</th>
</tr>
</thead>
</table>

D. Estructura de las Cuotas de Membresía de la Asociación 2014-2015

Cuotas correspondientes a cada niño registrado (K-12)

Cuota de Incorporación a la Asociación* $7500 (primer año únicamente) Debe pagarse el 16 de agosto o 10 días luego de la Admisión.

Cuota Annual de Membresía

1. Primaria (K-5) $12,953.00
2. Enseñanza Media (6-8) $13,541.00
3. Escuela Secundaria (9-12) $13,717.00
4. Cuota de Graduandos $13,917.00

Cuota correspondientes a cada niño registrado (Preescolar)

Cuota de Incorporación a la Asociación** $1,500.00

Cuota Annual de Membresía Preescolar $8,719.00

* Cuando su(s) hijo(s) es (son) inscrito(s) en el Colegio Maya, usted pasa a ser miembro de la Asociación del Colegio Maya de Guatemala.

** La cuota de mil quinientos dólares ($1,500) se aplicará a la cuota inicial de incorporación de la asociación cuando el alumno sea promovido a Kinder el siguiente año.

E. He elegido el siguiente plan de pago (iniciales) (K-12):

A. Un (1) pago para todo el año, tal como se describe en el formulario de información del plan de pagos 2014-2015 (el cual vence el 11 de Agosto).

B. Dos (2) pagos al año, tal como se describe en el formulario de información del plan de pagos 2014-2015

C. Ocho (8) pagos mensuales al año como se describe en el formulario de información del plan de pagos 2014-2015

Nota: Todas las cuotas son pagaderas en cheques en Dólares de los Estados Unidos de América, cheques de caja o giros pagaderos en Dólares de los Estados Unidos de América, o cheques en Quetzales, cheques de caja o giros. Se hará un recargo adicional de cincuenta dólares ($50) por cada cheque rechazado por el banco, aparte de los cargos del banco. Después de dos cheques rechazados, solamente se aceptarán cheques de caja o cheques Certificados. Todos los cheques se emitirán a nombre de Asociación del Colegio Maya de Guatemala. Los cheques vencen durante los primeros diez (10) días del mes. Todos los pagos recibidos después de los primeros diez (10) días del mes estarán sujetos a cinco por ciento (5%) de costos administrativos cargados sobre el mes adeudado.

No se aceptará efectivo. Los horarios de caja son de 7:00 a.m. a 4:00 p.m. de lunes a viernes.

F. El socio asume total responsabilidad de las cuotas en caso que su patrono no cumpla con sus pagos.

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OTRAS CUOTAS

Cuota para material de ESOL/ por semestre (estudiantes de ESOL únicamente)  Q5,565.00
Cuota para material de LRC/por semestre (estudiantes de LRC únicamente)  Q6,010.00
Cuota de incorporación K-12:  $7,500.00
Cuota de incorporación PK:  $1,500.00

Los cheques deben hacerse a nombre de: Servicios Profesionales Maya, Sociedad Anónima.

Términos de Pago: Los pagos deben de recibirse el día o antes de las fechas listadas en este calendario de fechas de pago. Los pagos recibidos después de la fecha indicada, estarán sujetos automáticamente a un 5% de mora. La mora no será exonerada.

La cuota por cheque rechazado es de $50.00 (cheque en dólares) o de Q50.00 (cheque en quetzales). Después de 2 cheques rechazados por cualquier motivo, únicamente se aceptará un cheque de caja o un cheque certificado.

Este documento será su único aviso de pago.

Formas de Pago: todos los cheques se deberán de hacer a nombre de Asociación del Colegio Maya de Guatemala. No se aceptará efectivo.
Dólares: los cheques deben ser pagaderos en los Estados Unidos.
Quetzales: el tipo de cambio será establecido por el Colegio.
### CALENDARIO DE PAGOS 2014 – 2015

<table>
<thead>
<tr>
<th>Pre-Kinder</th>
<th>K-5</th>
<th>2 PAGOS</th>
<th>Pre-Kinder</th>
<th>K-5</th>
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<tr>
<td><strong>8 PAGOS</strong></td>
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<tr>
<td>Pre-Kinder</td>
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<td>Vencimiento</td>
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<th>6-8</th>
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<th><strong>TOTAL</strong></th>
<th><strong>12 Grado</strong></th>
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<tr>
<td>TOTAL</td>
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<td>$13,917.00</td>
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**V. Health Information/Release Form**

Student’s name: ____________________________       Birth Date: ____________________________

Grade: ______________________________________

**Note: Parent/Guardian Consent and Agreement for Emergencies.**

As parent/guardian, I give consent to have my child receive first aid by appropriate staff, and if necessary, be transported to receive emergency care at the medical facility of my choice as stated below. I understand that I will be responsible for all charges not covered by my insurance. I give consent for the emergency contact person listed to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least once a year.

_________________________________________  _________________  ___________________________
Date                                    Parent/Guardian Signature            Relationship to student

**Student’s Health Insurance Information**

Name of Insurance Plan: ____________________________________________ ID#: ___________________________

Subscriber’s name (on insurance card): __________________________________________________________

**Transport Arrangement in an Emergency Situation**

Ambulance Service: __________________________________________________

Student will be taken to: ______________________________________________________________________

(Parents/guardians are responsible for all emergency transportation charges)

**Medical History**

- Allergies: ____________________________
- Diarrhea: ____________________________
- Rheumatic fever: ____________________________
- Amebic dysentery: ____________________________
- Emotional disorders: ____________________________
- Skin disorders: ____________________________
- Anemia: ____________________________
- Eye disorders: ____________________________
- Tuberculosis: ____________________________
- Bleeding disorders: ____________________________
- Measles: ____________________________
- Mononucleosis: ____________________________
- Gastric disorders: ____________________________
- Typhoid: ____________________________
- Mumps: ____________________________
- Fractures: ____________________________
- Chicken pox: ____________________________
- Asthma: ____________________________
- Pneumonia: ____________________________
- Other: ____________________________

Remarks: ______________________________________________________________________

Has the student ever been hospitalized, had any broken bones or surgery? If yes, please explain:________

Is the student presently taking any medication? If yes, please explain:______________________________

**RELEASE:** I hereby release Colegio Maya, the International American Education Foundation, Inc. and the employees/staff from any claim or liability whatsoever for the administration of medications to my child in accordance with the instructions which I have provided herein, and for the administration of first aid and the transportation of my child in the event of an emergency.

_________________________________________  ____________________________
Signature                                    Relationship to student

_________________________________________  ____________________________
Signature                                    Relationship to student

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Maya Health Card

Student Name: ____________________________

Sex: _______ Birth Date _______ Grade: ______

Legal Guardian #1 Name: ________________________________

Telephone numbers Home: __________________ Work: __________

Legal Guardian #2 Name: ________________________________

Telephone numbers Home: __________ Work: __________

Are there chronic health conditions/diseases of disabilities, (physical or emotional) that may restrict student activity? If yes fill out the disabilities and actions sections.

Does the student require daily medication? ______ If yes, fill out the daily medication section above.

Do you authorize Colegio Maya to administer to your child if necessary: Tylenol, Ibuprofen, Antacid, Pepto Bismol, Tabcin Cold Medicine, Benadryl, Eye Drops.

All: _______ None: _______

Any restrictions you would like to impose:

---

### Immunization Records

<table>
<thead>
<tr>
<th></th>
<th>DPT</th>
<th>Pal</th>
<th>MMR</th>
<th>Infl A</th>
<th>Infl B</th>
<th>HIB</th>
<th>TD</th>
<th>T.B. Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
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<td>2 month</td>
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<td>4 month</td>
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<td>6 month</td>
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<tr>
<td>6-10 months</td>
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<tr>
<td>12-15 months</td>
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<tr>
<td>15-18 months</td>
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<tr>
<td>4-6 years</td>
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<tr>
<td>11-12 years</td>
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<tr>
<td>14-16 years</td>
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</tr>
</tbody>
</table>

* Recommended schedule

Hepatitis B series of 3 immunizations: should be given to the previously immunized at either 11-12 years or 13-14 years.

Haemophilus (Hib or HBlc) influenza type B Vaccine. Usually the series is given in combinations with DPT.

### Daily Medication Indication

Dosage: ____________________________

______________________________

### List all Allergies:

Drugs: __________________________

Food: ___________________________

Animal/Insect: __________________

Environment: ____________________

Other: __________________________

### Disabilities and Actions

Please check the appropriate restrictive conditions, and list emergency actions that should be taken:

Asthma [ ] Bronchitis [ ] Diabetes [ ] Over activity [ ] Heart problems [ ] Epilepsy-seizure [ ]

Sore throat [ ] Nose bleed [ ] Ear infections [ ] Abdominal pains [ ] Dizziness [ ] Skin Disorders [ ]

Eye disorders [ ] Kidney disorders [ ] Other [ ]

---

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**STANDARD PHYSICAL EXAMINATION**

**Student's Name:**

(Last)  (First)  (Middle)

**Date of Birth:**

m/d/y

**Height**  
**Weight**  
**Sex**

**Nationality:**

Grade:

**Blood pressure**  
**Temperature**  
**Nervous system**  
**Muscle tone**  
**Seizures**  
**Blood Disorders**  
**Skin**  
**Diabetes**

**Blood Disorders**

**Blood Disorders**

**Nervous system**

**Muscle tone**

**Seizures**

**Blood pressure**

**Temperature**

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**Height**

**Weight**

**Sex**

**Nationality:**

Grade:

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**Nationality:**

Grade:

On the basis of the examination on this day, I approve this child's participation in:

Physical Education  
Athletic Sports

If no please explain why.

Modified:

Physician's name (please print):

Physician's signature:

Address:

Telephone:  
Date of examination:

License number

Other:

Physician's seal

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66441200 / 011-66441201 – Fax: 011-502-2365-0116 E-mail: info@cm.edu.gt Website: www.cm.edu.gt
STUDENT PICTURES ON WEBSITE
PARENTAL PERMISSION FORM

The tradition at Colegio Maya is to promote school and student success by posting information on the Colegio Maya Website. However, we have also become aware of the fact that some parents would prefer to not have their child’s picture posted on the Colegio Maya Website. Therefore, in the interest of honoring these parents’ wishes, we will begin requiring that this Parental Permission Form be on file before a student’s picture is posted to the Colegio Maya Website. Please sign and return the section below that best expresses your wishes.

STUDENT NAME (S)

I hereby give my permission for Colegio Maya to post my son’s/daughter’s picture on the school Web page.

__________________________________________  ________________________________
Parent Name  Parent Signature

STUDENT NAME

I would prefer that Colegio Maya not post my son’s/daughter’s picture on the school. However, if they are in a group picture and no names are used, I will allow the picture to be used.

__________________________________________  ________________________________
Parent Name  Parent Signature

STUDENT NAME

I would prefer that Colegio Maya never post my son’s/daughter’s picture on the school Web page regardless of circumstances.

__________________________________________  ________________________________
Parent Name  Parent Signature

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