



**ACADEMIA LATINA**  
**Student Information Form**

**RETURN TO ACADEMIA LATINA**

**Parent(s):** Please **complete and return** the following questionnaire. This information will help us in preparing for your student's stay at **Academia Latina**. Thank you.

1. Student's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

2. Student is coming out of which grade (7<sup>th</sup>, 8<sup>th</sup> or 9<sup>th</sup>) \_\_\_\_\_

3. Student lives with:  both parents  mother  father  other \_\_\_\_\_

4. Any brothers? \_\_\_\_\_ Ages: \_\_\_\_\_ Sisters? \_\_\_\_\_ Ages: \_\_\_\_\_

5. Does your student have a nickname? \_\_\_\_\_

6. Has your student been to **Academia Latina** or another residential summer camp before? \_\_\_\_\_

If so, when, where, and how long was the stay: \_\_\_\_\_

7. How does your student feel about going to **Academia Latina**? (Worries, fears, hopes, etc.) \_\_\_\_\_

8. Does your student have any allergies? If so, to what? \_\_\_\_\_

9. Will your child require special medication while at **Academia Latina** If so, what? Please also list instructions for counselor to follow: \_\_\_\_\_

10. Are there any special concerns that your student's counselor should be aware of? (Bedwetting, seizures, homesickness, emotional problems, etc.) \_\_\_\_\_

11. What additional information might help us make your student's stay at **Academia Latina** a more worthwhile experience? \_\_\_\_\_

12. During **Academia Latina** we take photos for use in our Memory Book and occasionally other communication material. We also list the student's mailing address in the Memory Book for **Academia Latina** students to correspond with one another. Do we have your permission to do this?  Yes  No

13. Please tell us how you found out about **Academia Latina**: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_