



Preschool Information and Authorization

Applicant's Name: _____

Date of Birth: _____

Preschool he/she is currently enrolled in: _____

Address: _____

Tel(s): _____ Fax: _____

Director's Name: _____

Teacher's Name or Group: _____

Previous School(s)

Name	Dates Attended	Address	Tel(s)

I authorize _____ to provide Colegio Nueva Granada with
Name of current Preschool

information for the admission process of _____.
Applicant's full Name

Father or Guardian's Signature

Date

Mother or Guardian's Signature

Date