



# The International School of Minnesota

Member of the SABIS® School Network

<b>School Use Only</b>
Date received _____
Fee _____
Check # _____
Entered _____

## Application for Enrollment

Student Information				
Applicant's Name	First	Middle	Last	Nickname
Grade to Enter at ISM _____	Current Year / Next Year (circle)		full day/half day/combo (circle) <i>applies to PS and PK applicants only</i>	
Male / Female (circle)	Age Now _____	Date of Birth _____		
(Place of Birth) City	State	Country		

Parent/Guardian(s) Information					
<u>Parent/Guardian 1</u>					
Dr., Mr., Mrs., Ms. _____	Relationship to Applicant _____				
Street Address _____					
City, State, Zip code _____					
Phone Home _____	Cell _____ Work _____				
E-mail _____					
Profession _____					
Employer _____					
<u>Parent/Guardian 2</u>					
Dr., Mr., Mrs., Ms. _____	Relationship to Applicant _____				
Street Address _____					
City, State, Zip code _____					
Phone Home _____	Cell _____ Work _____				
E-mail _____					
Profession _____					
Employer _____					
Marital status (circle)	Married	Single	Separated	Divorced	Widowed
Applicant lives with _____					
Names and ages of siblings _____					

1. What are the educational goals for the applicant? How can The International School of Minnesota help achieve these goals?

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2. In your opinion, is the applicant's academic performance in the present school consistent with his or her potential?

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3. Has the applicant ever had an educational, neurological, or psychological evaluation? If so, when? By whom? Please send a copy of the information to us.

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4. Describe any illness, disease, or disability which has affected or may affect the applicant's general health, school work, or participation in the full school program.

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**Current School Information**

**Name of School & Contact**

**Phone Number**

**Present Grade**

**Address**

**City**

**State/Province**

**Country**

**Zip Code**

**How did you hear about The International School of Minnesota?**

**Source** \_\_\_\_\_

**A signature and a \$75 non-refundable fee must accompany this application.**

**X**

**Signature of Parent/Guardian**

**Date**