



# The International School of Minnesota

Member of the SABIS School Network

School Use Only
Date received _____
Fee _____
Check # _____
Entered _____

## International Application for Enrollment

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Applicant's Name	First	Middle	Last	Nickname
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Student Information		
Grade to Enter at ISM _____	Current Year / Next Year (circle one)	Male / Female (circle)
Age Now _____	Date of Birth _____	

(Place of Birth) City	State/Province	Country
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U.S. Guardian(s) Information	
<u>U.S. Guardians</u>	
Dr., Mr., Mrs., Ms. _____	Relationship to Applicant _____
Dr., Mr., Mrs., Ms. _____	Relationship to Applicant _____
U.S. Address _____	
Phone Home _____	Cell _____ Work _____
E-mail _____	

Applicant's Parent(s) Information	
Dr., Mr., Mrs., Ms. _____	(father)
Dr., Mr., Mrs., Ms. _____	(mother)
International HOME Address	
_____	
_____	
Phone Home _____	Cell _____ Work _____
E-mail _____	
Profession(s) _____	
Employer(s) _____	

**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 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 physical 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**

<b>Name of School</b>	<b>Present Grade</b>	<b>Phone Number</b>
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**Address**

<b>City</b>	<b>State/Province</b>	<b>Country</b>	<b>Zip Code</b>
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**How did you hear about The International School of Minnesota?**

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

**A signature and a \$150 non-refundable fee must accompany this application.**

**X**

**Signature of Parent/Guardian**

**Date**