



School Use Only

Date received _____

Fee _____

Check # _____

Entered _____

Application for Enrollment

Student Information

(Name) First _____ Middle _____ Last _____ Nickname _____

Age Now _____ Date of Birth _____ Male Female

Entering grade _____ Current Year Next Year Full-day Half-day Combo (PS/PK only)

(Place of Birth) City _____ State/Province _____ Country _____

(optional) Student email _____

Will you be applying for financial aid (grade 1-12 only) yes no

Parent/Guardian Information

Dr., Mr., Mrs., Ms. _____ Relationship to Applicant _____

Street Address _____

City, State, Zip code _____

(Phone) Home _____ Cell _____ work _____

Parent E-mail _____

Profession(s) _____ Employer(s) _____

Dr., Mr., Mrs., Ms. _____ Relationship to Applicant _____

Street Address _____

City, State, Zip code _____

(Phone) Home _____ Cell _____ work _____

Parent E-mail _____

Profession(s) _____ Employer(s) _____

Marital Status 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?

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

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.

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.

5. Has the applicant had any discipline issues at the current school? If so, please describe.

Current School Information

Name of School _____ Present Grade _____

Contact name _____ Phone _____ E-mail _____

Address _____

City _____ State/Province _____ Country _____ Zip Code _____

How did you hear about The International School of Minnesota?

Source _____

Signature of Parent/Guardian and \$75 non-refundable application/testing fee must accompany this application.

X _____ Date _____