



Application for Admission

Please attach your child's photo in this space.

International School of Arizona
9128 E. San Salvador Drive
Scottsdale, AZ 85258
Phone: 480-874-2326 Fax: 480-663-6894
E-mail: isa@isaz.org Web: www.isaz.org

Enrollment Policy

A \$130 new student application fee must accompany this form.

Once your application has been accepted, an enrollment packet will be sent to you. Acceptance of enrollment is based on a commitment for the entire school year. An Enrollment and Tuition Fee Agreement must be signed and submitted with a non-refundable deposit equal to 10% of the annual tuition based on your child's schedule. Your child's enrollment will be confirmed once all required documents and fees have been received.

I have thoroughly read and understand this enrollment policy.

Parent/Guardian

Name: _____

Please print name above

Signature: _____

Applicant Information

Name of Applicant	Grade Applying For	Academic Year
Start Date	Schedule (Ex: M,T,W,TH,F Full Days/Half Days)	Birth Date

French Track

Spanish Track

Please Circle Preferred Payment Plan: A (in full), B (trimester), C (monthly)

Applicant Information

Last Name : _____

First Name: _____ Middle: _____

Gender: Female Male

Current Home Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Telephone: _____ Fax: _____

If abroad, local address or telephone number:

Date of Birth (Month/Day/Year): _____

Place of Birth: _____ Country: _____

Country(ies) of Citizenship: _____

Current School: _____

Street: _____

City: _____ State: _____

Zip: _____ Country: _____

Telephone: _____ Current Grade: _____

Contact: _____

General health of child (excellent, good, fair, poor)

Any allergies or medical conditions the school should be aware of?

Please choose a few adjectives that best describe your child

Parent Information

Father/Step-Father/Legal Guardian (circle one)	Mother/Step-Mother/Legal Guardian (circle one)
Full Name: _____	Full Name: _____
Address (if different from applicant's): _____	Address (if different from applicant's): _____
Home Phone: _____	Home Phone: _____
Business Phone: _____	Business Phone: _____
Cellular Phone: _____	Cellular Phone: _____
Email: _____	Email: _____
Profession: _____	Profession: _____
Position: _____	Position: _____
Employer: _____	Employer: _____
Employer Address (US): _____	Employer Address (US): _____

Father's country(ies) of citizenship: _____

Mother's country(ies) of citizenship: _____

Mother is from a country that speaks: Spanish French Other _____

Father is from a country that speaks: Spanish French Other _____

Primary language(s) spoken at home: English Spanish French Other _____

Parents' marital status (circle one) :

Parents married

Parents divorced

Parents separated

Single Parent

In the case of divorced or separated parents, correspondence from the school should be sent to: (circle one):

Mother

Father

Both Parents

If not living with either parent, with whom does the student live?

Who has financial responsibility for the applicant?:

Relationship to student: _____

Address: _____

General Information

Please describe your motivation for choosing the International School of Arizona for your child's education:

How did you learn about the International School of Arizona (be specific)?

- | | | |
|-----------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Alliance Française |
| <input type="checkbox"/> Web Search | <input type="checkbox"/> Raising Arizona Kids Magazine | <input type="checkbox"/> Local TV or Radio Station |
| <input type="checkbox"/> ISA Website | <input type="checkbox"/> Arizona Parenting Magazine | <input type="checkbox"/> French Government
(web site or publication) |
| <input type="checkbox"/> Other(Internet)_____ | <input type="checkbox"/> Other (Publication)_____ | <input type="checkbox"/> Flyer in Local Business
(restaurant, gym, etc.) |
| <input type="checkbox"/> Other_____ | | |

What do you currently intend to be your child's last grade at ISA?

- | | | |
|----------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Section A (2/3 Year-Olds) | <input type="checkbox"/> Section B (3/4 Year-Olds) | <input type="checkbox"/> Pre-K (4/5 Year-Olds) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 2 nd Grade |
| <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> 5 th Grade |
| <input type="checkbox"/> 6 th Grade | <input type="checkbox"/> Middle School and Beyond | <input type="checkbox"/> Other_____ |

Please list siblings, ages, and schools they are attending:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Additional comments: Is there anything you wish to add about your child?

I/we hereby apply for admission for my/our son/daughter.

Signature: _____ Date: _____

Signature: _____ Date: _____

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