



APPLICATION FOR ADMISSION

International Academy of Columbus

Revised: 7/15

Application Date: _____

Student Information

Full Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Male Female

Place of Birth: _____
City State Country

Previous Grade: _____ Applying for Grade: _____ School District of Residence: _____

Racial or ethnic identity of your child*: White/Caucasian Black/African American Hispanic Asian
 American Indian/Alaskan Native Native Hawaiian or Pacific Islander Other _____

Parent/Guardian Information

Mother's Full Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Email (if applicable): _____

Father's Full Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Email (if applicable): _____

Do you have any children enrolled at this school? Yes No If yes, please provide name(s) and grade:

Home Language Survey

1. What language did your son or daughter speak when he or she first learned to talk? _____
2. What language does your son or daughter use most frequently at home? _____
3. What language do you speak most frequently to your son or daughter? _____
4. What language do the adults at home most often speak? _____

Student Educational History

Has your child ever attended another school in the US? Yes No If yes, for how many years? _____

Name/location of most recent school: _____

Has your child ever been suspended, expelled or received major disciplinary action at school? Yes No

If yes, please explain: _____

Has your child ever received psychological/neurological testing? Yes No

If yes, please explain and send copies of all relevant information: _____

Has your child received speech or learning disability services? Yes No

If yes, please explain: _____

Does your child have an active IEP? Yes No

If yes, please explain: _____

Has your child ever been held back/repeated a grade or been approved to skip a grade? Yes No

If yes, please explain: _____

For Office Use Only:

Grade: _____ Enrollment Date: _____ Approved by: _____

SSID #: _____ CSADM #: _____ EMIS #: _____

Admin+ date: _____ CSADM date: _____ EMIS date: _____

Transcripts: _____ Shots: _____ BC/I94: _____ SS Card: _____ Meal Status: _____ Transportation: _____

Proof of Res: _____ Comments: _____

*International Academy of Columbus maintains a non-discrimination policy and admits students of any races, religions, and ethnic backgrounds to all the rights, privileges, programs, and activities made available to students of International Academy.