APPLICATION FOR ADMISSION
International Academy of Columbus

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: _____

    Cell Phone: _____ Home Phone: _____

    Email address: _____

Father's Full Name: _____
                          Last   *First*   *Middle*

    Address: _____

    City: _____ State: _____ Zip Code: _____

    Cell Phone: _____ Home Phone: _____

    Email address: _____

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

Home Language Survey

What language did your son or daughter speak when he or she first learned to talk? _____

What language does your son or daughter use most frequently at home? _____

What language do you speak most frequently to your son or daughter? _____

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, how many years? _____

  Name/location of most recent school: _____

Has your child ever been <u>suspended, expelled, or received major disciplinary action</u> 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: _____

*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.