

For office use only

_____ Date Received

_____ Enrolling Date

_____ Wait List



Student Application

Student Name: (Last)	(First)	(M. I.)
(Nick Name)	Gender:	Male Female
Student's Date of Birth: / /	Age as of 9/1/10:	Grade in 2010-2011: K 1 2 3 4 5 6
(Kinder only) One section of Full Day Kinder will be offered Fall 2010: For which section are you applying? All-day Half-day (if your 1 st choice becomes full you will be offered a slot in the other section) (A \$300.00 non-refundable deposit will be due by March 5, 2010 if your student is awarded an all-day slot)		
Home Phone Number:		
Street Address:		City/State/Zip Code:
<i>How did you hear about ISLA?</i>		
<i>(Optional)</i> Racial/Ethnic Group: African American Native American Asian Caucasian Hispanic		
<i>(Optional)</i> Home Language, if not English:		
<i>(Optional)</i> Special Needs: (Student has received an educational assessment (IEP or Section 504 plan) Yes No		
School Currently Attending:		
(Note: This is not necessarily the district of the school currently attended by the student.)		
School District in which Student Resides:		
Are you applying to other schools? Yes_____ No_____ If Yes, which school (s):		
PARENT/GUARDIAN INFORMATION		
1. Name: (Last)	(First)	(M. I.)
Relationship:	Lives with student:	Yes No
Street Address:	City/State/Zip Code:	
Home Number:	Work Number:	
Cell/Pager:	E-mail Address	
2. Name: (Last)	(First)	(M. I.)
Relationship:	Lives with student:	Yes No
Street Address:	City/State/Zip Code:	
Home Number:	Work Number:	
Cell/Pager:	E-mail Address	
SIBLING INFORMATION		
Name: (Last, First, M. I.)	Date of Birth	Gender: Attends ISLA:
1.	/ /	Male Female Yes No
2.	/ /	Male Female Yes No
3.	/ /	Male Female Yes No

4.	/	/	Male	Female	Yes	No
5.	/	/	Male	Female	Yes	No
No child will be refused admission to International Spanish Language Academy on the basis of gender, religion, ethnicity, intellectual or physical ability, social economic standing, measure of achievement, aptitude or athletic ability. All students must make application for admission.						
PARENT/GUARDIAN VERIFICATION OF INFORMATION						
I hereby verify that the above information is true and correct to the best of my knowledge and belief.						
Signature of Parent/Guardian_____			Date_____			

Enrollment for 2010-2011 School Year

When we receive this form, your child's name will be placed on a list for enrollment at International Spanish Language Academy. If the number of students for any particular class exceeds the number of places available, a lottery will be held February 16, 2010. All students enrolling after February 15, 2010 will be accepted on a space available basis. Enrolling in ISLA does not jeopardize your enrollment in any other public or private school.

If you have any questions about the enrollment process, please do not hesitate to contact us:

Phone: 952.746.6020

Fax: 952.746.6023

Email: Office@islacad.org

Mail to: International Spanish Language Academy
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 Minnetonka, MN 55343