



Enrollment Application

To submit an application:

- 1) Complete all information and sign and date in the space provided at the bottom of application
- 2) Mail to: International School of Broward at 3100 N. 75, Hollywood, FL 33024
- 3) Or apply online at www.isbcharterschool.org
- 4) Please write in the school year you are applying for: _____

STUDENT INFORMATION

Student Name _____ Jr/Sr/III
FIRST MI LAST

Nickname (if applicable) _____ Date of Birth _____ / _____ / _____
Month Day Year

Country of Birth _____ Female Male

Primary Language English French Other _____

Is a language other than English used in the Home? Yes No

If yes, language used: _____

Would you like to receive information sent home in this language? Yes No

Does the student have a first language other than English? Yes No

Does the student most frequently speak a language other than English? Yes No

If yes, language spoken: _____

Ethnicity: White Black Hispanic Asian Native American Other/multiracial

For which grade level are you applying? 6 7 8 9 10 11

PREVIOUS SCHOOL INFORMATION

Name of school previously attended _____

Address of previous school _____
STREET CITY STATE ZIP

Was your child enrolled in: International Studies Program Bilingual Program Performing Arts Program

PRIMARY CONTACT INFORMATION

Contact Name (Dr. Ms. Mrs. Mr.) _____ Jr/Sr/III
FIRST MI LAST

Relationship _____ Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

HomeAddress* _____
STREET APT. # CITY State Zip Code

*This is where all school correspondence, including report card, will be mailed.

How did you hear about the school?

SIBLING INFORMATION

Will a sibling of the applicant be **applying** to this school for **this** school year? Yes No

(If you answered "Yes" to this question, please enter sibling's name here and attach their application. Please submit an application for each sibling applicant.)

#1 Sibling's Name _____ Jr/Sr/III Grade Level _____
FIRST MI LAST

2 Sibling's Name _____ Jr/Sr/III Grade Level _____
FIRST MI LAST

Is the student a dependent of active-duty military personnel? Yes No

To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone, name, etc. I will contact the school.

My child currently has Health Insurance: YES NO (check one) If Yes: Medicaid Healthy Kids/Kid Care Private Carrier (Name): _____
I understand that International School of Broward requires that all students who participate in before or after school activities (i.e. LEAP, clubs, etc.) or field trips be cover by health insurance as listed above

Re-registration Rules and Commitments

1. I acknowledge the following registration dates and deadlines: Current Student & Sibling Registration: March 15-July 1, 2009
2. I acknowledge that only completed registration applications will be accepted.
3. Students who have registered are admitted and enrolled in the school. If the number of students enrolled exceeds enrollment capacity, selection by lottery will take effect.
4. If space is available after the registration deadline the extended registration and admission periods will take effect on July 6, 2009
5. I acknowledge that I must complete my volunteer commitment by May 26, 2010 in order to be eligible to attend ISB for **the 2009-2010** school year.
6. I understand that I must attach original yellow and blue Health and Immunization Records to this registration application
7. I acknowledge that if my child is entering seventh grade my child is required to have a Tetanus/Diphtheria (Td) booster, and I shall present to the school attached to this application an up-to-date Immunization Record reflecting that my child has received this booster prior to February 10, 2009.
- 8) If my child is not transferring from a Florida School, I must attach a copy of Birth Certificate to this application
8. I understand that my child's picture may appear in newspapers, television, or any school-related web-site or publications or other communication tools used to promote International School of Broward. I have the option of writing the school a letter declining this authorization at the beginning of each school year.
9. I acknowledge that both I and my child will adhere to and comply with the following:
 - a. International School of Broward Parent and Student Handbook;
 - b. International School of Broward Parent and Student Contract;
 - c. Broward County Public Schools Student Code of Conduct;
 - d. International School of Broward School Discipline Policy;
 - e. International School of Broward Parent Volunteer Commitment;
 - f. International School of Broward School Uniform Policy;
 - g. International School of Broward Student Driving Policy.
10. In addition, I acknowledge the following:
 - a. I will provide transportation for my child to attend International School of Broward
 - b. I will ensure that my child is dropped-off no earlier than 15 minutes prior to the start of school or I will register my child in the school's morning care program;
 - c. I will ensure that my child is picked-dup no later than 15 minutes following the end of school or I will register my child in the school's aftercare program;
 - d. I understand that the school's before and/or after care program is a fee-based program for students in 6 through 12 Grade;
 - e. I understand that I will be charged fees for dropping my child off early or picking my child up late, and that is acceptable to me;
 - f. I understand that it is my responsibility to update my contact information with the school if it should change;
 - g. I understand that I must maintain student sports and accident insurance each year.

I understand these policies and shall ensure that both my child and I will adhere to them.

(Signature of Parent/Guardian) (Name of Parent/Guardian) (Date)

(Signature of Parent/Guardian) (Name of Parent/Guardian) (Date)

(Signature of Student) (Name of Student) (Date)

Special Comments: _____



International School of Broward
3100 North 75th Avenue
Hollywood, FL 33024
Phone: (954) 987-2026
Fax: (954) 987-7261

REQUEST FOR STUDENT RECORDS

To: Previous School Name/School Code

Address

Phone

Fax

Re: Student Name

Birth Date

I give permission and approval to International School of Broward to contact my child's school, by both post and telephone, to obtain academic performance information concerning my child. In addition, with my signature below, I authorize the release/transfer concerning my child's school records to International School of Broward Administrative offices.

- () Transcript of all past grade levels
() Standardized test results
() Current grades including withdrawal
() Special Education Records
() Psychological Evaluation
() Cumulative Folder
() Medical and Immunization records

Please mail and/or fax the above requested items.

Date Release was signed

Name of Person Authorizing Release/Contact (Please print name)

Relationship to Child

Signature Authorizing Release/Contact

1st Request 2nd Request 3rd Request



Administration use only

File was completed by _____

Date: ___ / ___ / ___

Administrator's initial: ___



Student File check list

Student Name: _____ Grade: _____ Track: English French

Parent/Guardian's Name: _____

Phone #: Home (_____) _____ - _____ email: _____

Cell (_____) _____ - _____

Work (_____) _____ - _____

Student is coming from a **non Broward County Public School** Yes* No

**If yes, parents need to fill out the non BCPS student record's form.*

Previous school: _____ Phone #: (_____) _____ - _____

Fax #: (_____) _____ - _____

In order to guaranty the student's space, paperwork has to be brought back to ISB within 3 to 7 days. Registration is not complete until file is completed.

Parent/Guardian's Signature: _____ date: ___ / ___ / ___

=====
Administration use only (Check box if item is in the file)

Application Form signed

Student address is in Broward county Yes No*

** (if no Student needs to give an address in Broward)*

Student Information/Previous School Info **release form** (second page of the application)

Student's Birth Certificate

Student Reference form **for non BCPS**

(Mark N/A if not applicable)

School Entry Health Exam Expiration date: ___ / ___ / ___
(Yellow)

Florida Certification of Immunization Expiration date: ___ / ___ / ___
(Blue)

Last report card

Student/school was contacted on: ___ / ___ / ___ by _____ ; ___ / ___ / ___ by _____

Student/school was contacted on: ___ / ___ / ___ by _____ ; ___ / ___ / ___ by _____

Notes



ELECTIVES

You need to choose the following classes as electives for your child(ren) in order to ensure that your child(ren) reserves his or her seat in that class. If we do not hear from you, we will choose the electives for your child(ren).

Note that students will be able to change the electives providing we have space in the class that they choose.

All students need to choose electives. However, please note that students who have limited language proficiency in English or in French, will need to take ESOL or FLE classes and will only be able to choose one or no electives.

Also, students who scored low in the FCAT or have learning difficulties will be placed in intensive reading and/or math and may only be able to choose one or no electives. Once you have chosen your electives, the school will inform you should you not be able to take these electives for any reasons.

Student Name: _____ Grade: _____ Track: English French

Electives for English track

Foreign Language **is offered 5 days a week** (Please choose one)

- French **Please circle a level of French** Beginner intermediate advanced French speaker
- Spanish **Please circle a level of Spanish** Beginner intermediate advanced Spanish speaker

Other Electives (Remember the total of elective(s) that you choose must equal 5 days).

- Drama/Acting (is offered 2 days a week)
- Dance (is offered 2 days a week)
- Chorus/Music (is offered 1 day a week)
- Physical Education (PE) Please choose one 1 day/week 2 days/week 3 days/week 5 days/week

Electives for French Track

(Remember the total of elective(s) that you choose must equal 5 days)

- Spanish (is offered 2 days a week) **Mandatory for 9th to 12th grade**
Please circle a level of Spanish Beginner intermediate advanced Spanish speaker
- Drama/Acting (is offered 2 days a week)
- Dance (is offered 2 days a week)
- Chorus/Music (is offered 1 day a week)
- Physical Education (PE) Please choose one 1 day/week 2 days/week 3 days/week 5 days/week

Please choose your child(ren) electives by contacting Ms Terrell at (954) 987 2026 or by e-mail at eterrell@isbcharterschool.org to indicate your selection of electives.

Thank you ISB Administration