



International School of Broward

Re-Enrollment Application For Returning Students

To submit an application:

- 1) Complete all information and sign and date in the space provided at the bottom of application
- 2) 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 _____

Female Male

Primary Language English French Other _____

Secondary Language: _____

English Spoken at Home: _____

Ethnicity: White__ Black__ Asian __ Native American__ Other/multiracial ____

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

*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, 2008
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, 2008
5. I acknowledge that I must complete my volunteer commitment by May 26, 2008 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, 2008.
- 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-up 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 10 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: _____
