



Only the parent/guardian who registers the student or others identified below, may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

Which school year are you applying for? [] 2015-2016 [] 2016-2017 [] 2017-2018
For which grade level are you applying? [] 6th/6eme [] 7th/5eme [] 8th/4eme [] 9th/3eme [] 10th/2nde [] 11th/1ere [] 12th/Terninale > Section*: [] ES [] L [] S [] B.F.A. [] D.E.L.F.

* Please note that all sections need to have a minimum of 4 students to open the section. If you are interested in sitting for the standardized French exams (such as the Brevet, BAC, BAC Franco-American), you need to enroll your child in our afterschool "Enrichment Program" and complete section A.

Section A: to be completed by students who are intended to sit for any examinations proposed by the program.

[] Yes, enroll my child in the afternoon Enrichment Program. Signature of Parent
[] No, do not enroll my child in the afterschool enrichment classes as he/she will not take the standardized Brevet, BAC, BFA, AP certificate or D.E.L.F. examinations. Signature of Parent



Date of entry:

STUDENT INFORMATION: Student ID (FSI): Student (SSN):

Student (Legal Name) Last First Middle Gender: Female [] Male []

Address (In Broward County) Bldg/ Apt. City Zip Code

Home Phone () - Cell Phone () -

Student e-mail Address

Date of Birth / / Birthplace: City State/Country

Is Country of Birth part of the European Union? [] Yes [] No

Citizenship or Issuing Country(ies) Passport: Citizenship #1 Citizenship #2

Ethnicity: White [] Black [] Hispanic [] Asian [] Native American [] Other/Multiracial []

Student is currently living with: Both Parents [] Father [] Mother [] Other [] (relationship with student)

Marital status of parents (optional): Married [] Divorced [] Separated [] Single []

LANGUAGE SURVEY: (You MUST answer ALL the questions)

Primary Language: English [] French [] Spanish [] Other

Is a language other than English used at home? YES* [] NO [] *If yes, indicate the language used:

What is your child's native language?

Does the student mostly speak a language other than English? YES* [] NO [] *If yes, indicate the language spoken:

INSURANCE INFORMATION

The student currently has Health Insurance: YES* [] NO [] *If Yes: Medicaid [] Healthy Kids/Kid Care []

Private Carrier (Name):

I understand that the International School of Broward requires that all students who participate in before or after school activities (i.e. clubs, etc.) or who participate in field trips be covered with a health insurance policy.

PREVIOUS SCHOOL INFORMATION:

Has the student previously attended: a Broward Public school* [] *If so, name of the school:

a Private School [] a Florida Public School [] a School out of Florida in the US []

Please indicate the dates the student attended the school(s):

Has the student ever been: in an International Studies Program [] in a Bilingual Program [] in a Performing Arts Program []
in a Home Education Program [] in a Magnet Program []

Name of school previously attended

Address of previous school City Zip Code

School Phone () - Fax () - Contact name

PRIMARY CONTACT INFORMATION:

Contact Name Last First Middle Relationship to student

Address* Bldg. Apt. City Zip Code

* This is where all school correspondence will be mailed.

Home Phone () - Work Phone () - Cell Phone () -

E-mail Address

Please write the e-mail address clearly; most school information is sent via email (updates/events/activities)

I would like to receive all school information via: e-mail [] paper []

FOR OFFICE USE ONLY

Date of withdraw:



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ALTERNATE CONTACT INFORMATION:

Alternate Contact Name _____ Relationship to student _____
Last First Middle
 Address _____
 Home Phone _____ Cell Phone _____ Email Address _____

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 _____ Grade Level _____
Last First Middle
 #2 Sibling's Name _____ Grade Level _____
Last First Middle
 #3 Sibling's Name _____ Grade Level _____
Last First Middle

How did you hear about the school? Internet Friend Brochure Newspaper ISB/LFA Parent/Student*

* Please list the name of the parent or student who referred you so that we may thank them: _____

1. Registration Rules and Commitments

1. I acknowledge the following registration dates and deadlines: Current Student & Sibling registration: March 15 – July 1.
2. I acknowledge that only completed registration applications will be accepted.
3. 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.
5. I acknowledge that I must complete my volunteer commitment by May of the current year in order to be eligible to attend ISB for **the following** 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. 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 August.
8. If my child is not transferring from a Florida School, I must attach a copy of his/her birth certificate and passport to this application.
9. 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 the International School of Broward. I have the option of writing the school a letter declining this authorization at the beginning of each school year.
10. I acknowledge that both my child and I 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.
11. In addition, I acknowledge the following:
 - a. I will provide transportation for my child to attend the International School of Broward.
 - b. I understand that it is my responsibility to update my contact information with the school if it should change.
 - c. I understand that I must maintain student sports and accident insurance each year.
12. **I will ensure that my child is dropped-off no earlier than 8:00a.m. prior to the start of school day (we do not offer before care);**
13. **I will ensure that my child is picked-up no later than 4:00p.m. following the end of school or I will register my child in the school's aftercare program;**
14. **I understand that the school's after care program is a fee-based program for all ISB students;**
15. **I understand that I will be charged \$15 late fee, should I pick up my child after 4:00p.m. and a \$5 per minute after 6:00p.m.**

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

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

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

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



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REQUEST FOR STUDENT RECORDS/TRANSCRIPTS

To: _____
Previous School Name

Address _____ City _____ Zip Code _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Re: _____ Birth Date ____/____/____
Student last name Student first name MM DD YY

Student ID # (if Applicable) _____

I give permission and approval to the International School of Broward to contact my child's school, by both mail 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 the International School of Broward Administrative offices.

- | | |
|--|--|
| <input type="checkbox"/> Transcript of all past grade levels | <input type="checkbox"/> Standardized test results |
| <input type="checkbox"/> Current grades including withdrawal | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Cumulative Folder |
| <input type="checkbox"/> Medical and Immunization records | |

Please mail and/or fax the above requested items.

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

Relationship to Child _____

Signature Authorizing Release/Contact _____

Date Release was signed _____

.....For office use only.....

**Please mail and/or fax the above requested items to (954)987-7261
School 5416**

- | | |
|--|--|
| <input type="checkbox"/> Request #1 - Date: ____/____/____ | <input type="checkbox"/> Request #2 - Date: ____/____/____ |
| <input type="checkbox"/> Request #2 - Date: ____/____/____ | <input type="checkbox"/> Request #4 - Date: ____/____/____ |



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Acknowledgements

Please, read each statement and initial in the space provided:

- _____ I understand that my child's registration package must be received in completion with all required documents to ensure a seat at the ISB.
- _____ My child is not guaranteed a seat until a completed application is received and a phone call or email is received to confirm our acceptance. We do NOT hold places for students over the phone.
- _____ My child's immunization documents must be up to date and provided on the official "blue & yellow forms".
- _____ My child may not participate in any sports after school without the proper FHSAA forms completed which includes a separate physical. My child also may not start without the appropriate fees for the sport being paid in advance, in full. Payment plans are not accepted after the sport begins, however, you may pay in smaller payments up to the date the season starts.
- _____ Every child needs a planner at the ISB. This serves as a homework organizer and their restroom pass. Students without a planner will need to wait to use the restroom between classes only.
- _____ Cell phones should stay home during the school day or be stored in their lockers in a silent/off position. Cell phones that are exposed in classrooms or hallways, or that turn on whether accidentally or otherwise will be confiscated. We encourage students to wear a watch so that they do not rely on their phone as a clock.
- I am aware that the first time a phone is taken, the child must wait to retrieve it on the NEXT day of school at 3:15 PM. If a phone is confiscated on a Friday, they must wait until the Monday.
 - On the second offense, the parent must retrieve the phone after TWO DAYS.
 - On the third offense, the phone will be confiscated and given to the parent on the THIRD DAY. A detention will also be given.
 - After three offenses, the phone will be confiscated and a suspension will be given. A parent conference will be required.
- _____ We are aware of the school's dress code policy. Polo shirts must have an affixed logo and should be tucked into pants, shorts, or skirts. Bottoms must be uniform material (black or navy blue only). Leggings need to be under skirts or shorts and may not be worn in isolation. Belts must be worn. Sandals may not be worn. There will be special dress down days that will be advertised in advance. ISB Jackets may be purchased at the uniform store. If you do not want to purchase the ISB Jacket, a solid black or navy blue sweater or jacket may be worn (no logos or words). No hoodies.
- _____ All balances must be paid in full before new activities are paid.
- _____ Students who have disciplinary issues and pay for a field trip or special activity will not be allowed to go on the trip and money will be non-refundable.
- _____ Final transcripts, caps and gowns, diplomas are not issued until balances are at zero.
- _____ All information that I have provided is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office within ten (10) days. I understand that students whose parents are found, after appropriate investigation to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that if I have submitted fraudulent or false information, I may be referred to law enforcement for prosecution.



(Print Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

Administration use only

Date: ____ / ____ / ____

Administrator's initial: _____

Student File Check List (2/2)

(Check box if item is in the file)

Student Name: _____ Student ID (FSI) # _____

Grade: _____ Track: Traditional Studies International Studies

- Student address is in Broward county Yes Pending moving from another state or country
- Previous School [release withdrawal form](#) (To be provided at the time of registration)
- Request for student records/transcript form (To be provided at the time of registration) (Page 3)
- ISB Acknowledgment form (To be provided at the time of registration) (Page 4)
- Student Birth Certificate is on file (To be provided at the time of registration)
- Previous report card / Transcripts (2 years) (To be provided at the time of registration)
- Enrichment Program Registration Form (To be provided at the time of registration) Yes N/A
- Student Reference form **if not from a Broward County Public School (BCPS)** Yes N/A
- School Entry Health Exam (Yellow) Expiration date: ____/____/____ (To be provided before August)
- Florida Certification of Immunization (Blue) Expiration date: ____/____/____ (To be provided before August)
- Authorized Dismissal/Pick Up Procedure Form (Page 1)
- Emergency Procedure/Contact/Insurance (Page 2 & 3)
- Student Emergency Contact Card (Broward County Form) (double sided)
- Medical Authorization forms (Broward County Forms) form n^o1 form n^o 2
- Copy of insurance card on file (To be provided by parents)
- Transportation permission form (Page 4)
- Choice of Electives form completed (Page 5)
- Price List signed & dated (Page 6)
- Student Code of Conduct form completed, signed & dated (2 pages)
- Extracurricular activities application form Yes Not interested
- Parent Volunteer form signed & dated
- Parents have registered with ConnectTogether
- Parents have signed up to be part of the Parent Advisory Committee
- Student is accepted and parents are contacted

STUDENT FILE DATA ENTRY

- TERMS COMPLETE
- TERMS (I20)
- POWERSCHOOL
- ALERTIFY
- STATS

Student/school was contacted on: ____ / ____ / ____ by _____

____ / ____ / ____ by _____