ENROLLMENT INTENT ACADEMIC YEAR: 2015-2016

Please submit one Enrollment Letter of Intent and the tuition deposit of \$500.00 for each Preschool and Junior School child and return to the Head of Admissions.

STUDENT'S FULL NAME: (please print)			GRADE:	
LANGUAGE INTEREST:	o SPANISH	o FRENCH	o CHINESE	o GERMAN
PART-TIME (Reception (ONLY):			
RESPONSIBLE PARENT(S	S)/GUARDIAN(S):			
ADDRESS				
CITY	STATE_		ZIP	
PHONE NUMBER(S)			
EMAIL ADDRESS(6)			
opens, students will be gof \$500.00 was received guarantee of acceptance of was received the enrollment Proceduclass and the \$500 depo	given open spots in the light of the light o	the order that this understand that ent my child is not epted, s/he will be ollment Contract, tuition balance. I	s letter, accompanie this Letter of Enrolli accepted the Tuitio e on academic and s must be completed /we also understand	n Deposit will be refunded ocial probation and that
Primary Guardian				
	Signature	Na	ame	Date
Secondary Guardian				
	Signature	N	lame	Date

Registration Application - Family

Please submit **one** completed Family Form per family **plus** one completed Student Form per child. While we need to have details of both parents, if you do not wish to submit a combined Form you may choose to submit two individual forms – if so, please indicate whether this information is to be kept from the other parent. If you have previously submitted a Family Application, you do not need to re-submit this Form.

Section A:

Father's Name				
Father's NameFirst	Middle	Last/Surname		
Occupation	Job Title			
Name of Company				
Telephone(s)	Fax			
Address of Company				
Mobile Phone	E-mail			
Section B:				
Mother's Name	Middle	Last/Surname		
Occupation	Job Title			
Name of Company				
Telephone(s)	Fax			
Address of Company				
Mobile Phone	E-mail			
Section C :				
Student's Name		Last/Surname		
Name Generally Used				
Date of Birth	Country of Birth	Country of Birth		
Nationality	First Language			

Names of Siblings:			
Name	Class	Language	
Section E:			
How did you find out	about the International Scho	ool of Tucson? Please be specific.	
Section F:			
children and the \$50. a place will be offere completed in respect	.00 Registration Fee(s) paid. ed to my / our child(ren) ar c of my/our child(ren)'s fees t I / we have read and under	n Form – Student" must be completed I / we also understand that Registrationd that if a place is offered, an "Enrobefore s/he/they may enter class. The stand the foregoing, and agree to the	n does not guarantee tha Ilment Contract" must be execution of this <u>bindin</u>
	(All signatures should be	e originals; please use blue or black ink.)
Primary Guardian			
	Signature	Name	Date
Secondary Guardian			
	Signature	Name	Date

Section D:

The International School of Tucson is an equal opportunity school and does not discriminate on the basis of race, sex, creed or national origin.

Personal Profile – Junior School

The International School of Tucson (IST) values both the prospective student and the participation of the parents whose children we serve. So that we may better understand your motivation for enrolling your child at IST, as well as the priorities you have for your child's care, we kindly ask that you take a moment to answer the following questionnaire.

CHILD'S NAME	BIRTH DATE		
Name(s) of anyone else that lives with you.			
Does your child have any allergies or dietary restrictions?			
Does your child have any allergies to medication	ons?		
What grade will your child be entering once enrolled at IST? o J1 o J2 o J3 o J4 o J5			
What language would you like your child to study?			
o Spanish o French	o Chinese o German		
Name of present school:			
Reasons for leaving:			
* Please attach the student's school reports for the previous two years to this application. This enables us to accurately place each student in the appropriate class.			
Please use this space for any information you wish to share about your child.			

^{*}Please attach a copy of the student's birth certificate / passport ID page / national ID card to this application and an updated copy of your child's Immunization Records.

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account.

Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You agree that no prior-notification will be provided unless the date or amount changes.

Iinvoice.	authorize International :	School of Tucson t	o charge my bank account on the due date of each
Billing Address City, State, Zip		Phone# Email	
Bank Name Account Number Bank Routing #	Savings		Routing Number Account Number

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify International School of Tucson in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the previous business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the International School of Tucson may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

520 406 0552

Extended Care 2015-2016 Academic Year

IST families may utilize extended care whenever needed with no reservation. A qualified care-giver will be available from 7:00 a.m. - 8:15 a.m. and from 3:45 – 6:00 p.m. every school day, unless otherwise notified. Occasional rates will be charged unless pre-payment is made prior to the applicable month, semester or year (see below). Discounts apply with pre-payment of full-time, Monday through Friday, use only.

Sign-up for Extended Care:

Extended Care	Pre-Paid	Pre-Paid	Pre-Paid	Pre-payment not required
Select One or More	Select One or	Select One or	Select One or	(no discount)
	More	More	More	
	(discount	(discount	(discount	
	applies)	applies)	applies)	
	Monthly	Per Semester	Annually	Occasional
o 7:00-8:15 a.m.	o \$80	o \$300	o \$534	\$5
o 3:45-5:00 p.m.	o \$165	o \$590	o \$1062	\$10
o 5:00-6:00 p.m.	o \$80	o \$300	o \$534	\$15

(Note: Full-time use ONLY)

Name(s) of Child(ren):		
Grade/Class: Language Program:		
Start Date in Extended Care:		
Extended Care Program(s) selected:		
Parent Name:	Parent Signature:	
		For office use only: Date Ck.No Amount

KEY FOB ORDER FORM

NAME:	DATE:	
ADDRESS:		
PHONE NUMBER:	EMAIL:	
NAME OF PERSON RECEIVE	NG THE KEY FOB QUANTIT	
TOTAL (# SIGNATURE:	OF KEY FOBS, \$10.00 EACH) =	
DATE:		
PAYMENT METHOD CASH	D OFFICE USE ONLY (Staff Initial and Date)	
CHECK (amount) (check #)		
CREDIT CARD (amount) VISA MasterCard American Express		
Withdraw from my account Parent Initial		
Withdraw from paycheck (Staff ONLY)		

Staff Initial