

Section D:

Names of Siblings:

| Name | Class | Language |
|------|-------|----------|
| | | |
| | | |
| | | |
| | | |

Section E:

How did you find out about the International School of Tucson? Please be specific.

Section F:

I / we understand that a "Registration Application Form – Student" must be completed in respect of each of my children and the \$50.00 Registration Fee(s) paid. I / we also understand that Registration does not guarantee that a place will be offered to my / our child(ren) and that if a place is offered, an "Enrollment Contract" must be completed in respect of my/our child(ren)'s fees before s/he/they may enter class. The execution of this binding contract certifies that I / we have read and understand the foregoing, and agree to the terms of this contract and have retained a copy.

(All signatures should be originals; please use blue or black ink.)

Primary Guardian _____
Signature Name Date

Secondary Guardian _____
Signature Name Date

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



INTERNATIONAL SCHOOL OF TUCSON

Opening the World to Your Child

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 medications? _____

What grade will your child be entering once enrolled at IST? J1 J2 J3 J4 J5

What language would you like your child to study?

Spanish

French

Chinese

German

Name of present school: _____

Address 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.**



INTERNATIONAL SCHOOL OF TUCSON

Opening the World to Your Child

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.

Please complete the information below:

I _____ authorize International School of Tucson to charge my bank account on the due date of each invoice.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

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.



INTERNATIONAL SCHOOL OF TUCSON

Opening the World to Your Child

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 <i>Select One or More</i> | Pre-Paid Select One or More <i>(discount applies)</i> | Pre-Paid Select One or More <i>(discount applies)</i> | Pre-Paid Select One or More <i>(discount applies)</i> | Pre-payment not required <i>(no discount)</i> |
|---|--|--|--|---|
| | Monthly | Per Semester | Annually | Occasional |
| <input type="radio"/> 7:00-8:15 a.m. | <input type="radio"/> \$80 | <input type="radio"/> \$300 | <input type="radio"/> \$534 | \$5 |
| <input type="radio"/> 3:45-5:00 p.m. | <input type="radio"/> \$165 | <input type="radio"/> \$590 | <input type="radio"/> \$1062 | \$10 |
| <input type="radio"/> 5:00-6:00 p.m. | <input type="radio"/> \$80 | <input type="radio"/> \$300 | <input type="radio"/> \$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 _____ | |



INTERNATIONAL SCHOOL OF TUCSON

Opening the World to Your Child

KEY FOB ORDER FORM

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

| NAME OF PERSON RECEIVING THE KEY FOB | QUANTITY |
|--------------------------------------|----------|
| | |
| | |
| | |
| | |

TOTAL (# OF KEY FOBs, \$10.00 EACH) = _____

SIGNATURE: _____

DATE: _____

| PAYMENT METHOD | OFFICE USE ONLY <small>(Staff Initial and Date)</small> |
|--|--|
| CASH _____ | |
| CHECK _____ (amount) _____ (check #) | |
| CREDIT CARD _____ (amount) VISA MasterCard American Express | |
| Withdraw from my account Parent Initial _____ | |
| Withdraw from paycheck (Staff ONLY) Staff Initial _____ | |