

# Admissions Application: 2010-2011



## INTERNATIONAL SCHOOL OF ARUBA

Wayaca 238A

Oranjestad, Aruba; Dutch Caribbean

Phone: (297) 583-5040; Fax: (297) 583-6020

E-mail: [admissions@isaruba.com](mailto:admissions@isaruba.com); Website: [www.isaruba.com](http://www.isaruba.com)

For Office Use Only  
Date

Submitted \_\_\_\_\_

Registration # 2010-11 \_\_\_\_\_

By: \_\_\_\_\_ Other: \_\_\_\_\_

### Personal Data:

Student: \_\_\_\_\_  
Family (Last Name) First Middle Nickname (if any)

Date of Birth \_\_\_\_\_ Primary Language Spoken at home: \_\_\_\_\_  
Month / Day / Year Other Languages Spoken: \_\_\_\_\_

Home Address (to be used for bus pick-up): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Contact: \_\_\_\_\_

Desired Enrollment Date: \_\_\_\_\_, 20 \_\_\_\_\_ Grade level applying for: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality of Passport(s): \_\_\_\_\_

How did you learn about the International School of Aruba? \_\_\_\_\_

Level of English Proficiency: Native: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Beginner: \_\_\_\_\_

### Family Data:

**Father** or Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

**Mother** or Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Mother's Nationality: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

**Visa Status: (If Applicable)**

If you are a citizen of a country other than Aruba or Holland, a visa will be required. Please provide present visa number and/or details on when visa application was submitted.

Visa # \_\_\_\_\_ Visa request submitted on: \_\_\_\_\_  
Month / Day / Year

\*If visa request process has not been initiated as yet, please provide date when this process will begin: \_\_\_\_\_  
Month / Day / Year

\*Failure to secure a required residence/student visa from Aruban authorities can lead to cancellation of I.S.A. enrollment.

**Educational History:**

List each school attended for past three years. **Begin with the most recent first.** Be sure to provide location (if in U.S. give name of state) and address.

Grade/Year	Calendar Year Attended	School Attended	Address of School (Please include City, State and Country)	Email and/or web address for school	Primary Language of Instruction

Has this student ever repeated a grade? Yes \_\_\_ No \_\_\_/ Has this student ever moved ahead a grade? Yes \_\_\_ No \_\_\_  
 If yes to either response above, please list grade/s and explain: \_\_\_\_\_

Has this student ever been enrolled in/or screened/tested for special education programs? (Ex. Resource, Learning Support, ESL/ELL, Gifted Programs, etc) Yes \_\_\_ No \_\_\_  
 If yes, please explain: \_\_\_\_\_

Has this student ever had an IEP/Special Education Plan? Please explain: \_\_\_\_\_

Has this student ever received any special counseling due to a serious personal problem or event? Yes \_\_\_ No \_\_\_  
 If yes, please share information that will help us to either continue with or better understand the services required: \_\_\_\_\_

Has this student ever received severe disciplinary action or censure at school or from the community? Yes \_\_\_ No \_\_\_  
 If yes, indicate which type and explain: Behavioral or Academic Probation \_\_\_\_\_ School Suspension/Expulsion \_\_\_\_\_

Has this student ever been asked to withdraw from a school? Yes \_\_\_ No \_\_\_ If Yes, please explain why? \_\_\_\_\_

Please share any additional information that will help us better understand your child: \_\_\_\_\_

In what academic area(s) (if any) does the student have the greatest difficulty? \_\_\_\_\_

## Medical Information:

Is the student on any type of medication? Yes \_\_\_\_ No \_\_\_\_ If yes, please indicate what the medication is: \_\_\_\_\_  
Type of Medication

Can the student participate in organized team sports? Yes \_\_\_\_ No \_\_\_\_

Please share with us information to help us understand your child's athletic interests, talents and extracurricular participation:

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Does student wear glasses? Yes \_\_\_\_ No \_\_\_\_

Does student wear braces? Yes \_\_\_\_ No \_\_\_\_

Is there any other special attention needed? \_\_\_\_\_

## Contact Data:

Please indicate the name of person and address to receive report cards if different from information provided under *Family Data*: \_\_\_\_\_

Name

Address

## Please indicate name of person/company responsible for school tuition bills and give information:

Name

Telephone Number

E-mail Address

## In the case of an emergency the school should notify:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Student admission is based on previous years' academic grades and complete school records, entrance and placement examinations, and interview. The school reserves the right to accept only students who meet our admission requirements. Admission is conditional until approved by the Headmaster. Grade placement is provisional and may be adjusted later if the school deems it best for the child. Students are accepted on probationary status in the first year. Concealing information from ISA about a child's past history, (academic or behavioral or medical) can be cause for dismissal from the school.**

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

## Application Fee:

**Please attach 100 AFL when submitting this application for students in Grades 1-12**

## Final Application Status:

Date of Enrollment: \_\_\_\_\_ Tested / Interviewed by: \_\_\_\_\_

Date of Admissions Test: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_  
School Official's Signature

\_\_\_\_\_  
Date