

# Admissions Application



## INTERNATIONAL SCHOOL OF ARUBA

Wayaca 238A

Oranjestad, Aruba; Dutch Caribbean

Phone: (297) 583-5040

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

For Office Use Only

Date Submitted \_\_\_\_\_  
School Year \_\_\_\_\_  
Admissions Officer: \_\_\_\_\_

### Personal Data:

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

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

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

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

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

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

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

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

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

What language class would you like your child to take, Dutch or Spanish? \_\_\_\_\_

Please note that if your child needs support in English, he/she will be placed in ELL support to develop fluency.

### Family Data: All fields must be completed

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

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

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

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

Name of Employer/Company: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

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

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

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

Home Email: \_\_\_\_\_ Mother's Nationality/Passport: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

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

**Educational History:**

List each school attended for the 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: \_\_\_\_\_  
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: \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_ No \_\_\_ Does your child wear braces? Yes \_\_\_ No \_\_\_  
Is there any other special attention needed? \_\_\_\_\_

Parents must have insurance covering all aspects of the child’s participation in school and school-sponsored activities. What type of medical insurance does your child have? \_\_\_\_\_

**Please provide a copy of AZV card or other form of medical insurance on Aruba.**

**Contact Data:**

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

Name	Telephone Number	E-mail Address
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**In the case of an emergency the school should notify:**

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

Relation: \_\_\_\_\_

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

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

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

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

**Permit/Visa Status: (If Applicable)**

**If you are a citizen of a country other than Aruba or the Netherlands, a visa/permit will be required.** Please provide present visa number and/or details on when visa application was submitted. Visa # \_\_\_\_\_ Visa request submitted on date: \_\_\_\_\_

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

\*Failure to secure a required residence permit/ visa from Aruban authorities can lead to cancellation of enrollment.

**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.****

**By signing this form, parents/guardians acknowledge that they have read and agree with the terms and conditions of the Fee Schedule for both corporate and non-corporate payment plans, and agree with all safety protocols set forth by the school.**

Parent's or Guardian's Signature	Date
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**Application Fee: Please attach 200 AFL when submitting this application.**

**Billing**

Our Business Office will send your invoice electronically. Please select the billing option you prefer.

- One Full Payment
- Payment Plan in Terms - a 5% surcharge is applicable.

## ***Primary Program : For Students 3-6 years of age***

It would be helpful to the staff if you would take the time to answer the following questions. Each child is unique, and knowing something about his or her activities, interests, habits and history helps the teachers to better understand and serve the child's needs. All information is confidential.

Present Age of Child: \_\_\_\_\_ Languages spoken at home \_\_\_\_\_

Is he/she read to? \_\_\_\_\_ How often? \_\_\_\_\_ By whom? \_\_\_\_\_

Does your child presently use a pacifier? \_\_\_\_\_ suck thumb or fingers? \_\_\_\_\_

Does he/she need help going to the bathroom? \_\_\_\_\_

If so, in what way? \_\_\_\_\_

At what time does your child regularly go to sleep at night? \_\_\_\_\_ Does he/she nap? \_\_\_\_\_

For how long? \_\_\_\_\_ Briefly describe your child's afternoon routine.

\_\_\_\_\_

How much time, on average, does your child spend watching television per week? \_\_\_\_\_

At a computer? \_\_\_\_\_

Briefly describe your child's dietary habits. \_\_\_\_\_

List any fears your child has: \_\_\_\_\_

Briefly describe how your child is disciplined at home. \_\_\_\_\_

\_\_\_\_\_

Does he/she do any type of regular work/home work with a parent, guardian, or sibling after school hours? Please describe.

\_\_\_\_\_

Does he/she attend any special activities or classes after school hours? \_\_\_\_\_

Please take a moment to list interests and hobbies that your child has \_\_\_\_\_

What do you, as parents, expect from the Montessori Program, and how much knowledge do you have of the Montessori philosophy? \_\_\_\_\_

\_\_\_\_\_

Please list anything else you think would be helpful to us in understanding and aiding the development of your child. (You may attach another paper if necessary) \_\_\_\_\_

\_\_\_\_\_