



2011-12 Kindergarten & First Grade Application
EASTBANK CAMPUS

Applicant's Name: _____ Grade in 2011-12: _____

ALL applicants wishing to apply to the International School of Louisiana for the 2011-12 Academic Year must attach the following:

Please check off each item as attached:

_____ 1 proof of residency (driver's license or state ID)

Note: *The name and address on proof of residency must be a parent or legal guardian. Custody documentation must be included if the parent or legal guardian named is different from the one listed on the child's birth certificate.*

_____ Copy of birth certificate or passport

_____ Copy of most recent report card/records and attendance from previous school

Dates to Remember

Kindergarten Deadline

January 5, 2011

Kindergarten Lottery

January 12, 2011

Kinder. Lottery Placement Notification

January 15, 2011

Kinder. Admissions Notification Letters Sent

April 15, 2011

Lower School (1st)

March 25, 2011

Lower School Lottery

to be determined by availability of space

Completed applications must be post-marked or date-stamped by the appropriate deadline.

All completed applications received after the above dates will be placed on a waiting list.

Incomplete applications will not be considered.

Mail or Deliver Completed Applications to:

International School of Louisiana

Attn: Admissions

1400 Camp Street

New Orleans, LA 70130

APPLICATIONS ARE NOT ACCEPTED BY FAX OR E-MAIL.

For office use only:

Date Received: _____

Received By: _____

Entered into Admit System by: _____

System Date: _____

Application for Kindergarten & First Grades EASTBANK CAMPUS

A. Applicant Data

Child's Name (as recorded on birth certificate): _____
Last First Middle

Primary Guardian: _____ Primary Phone #: _____

Address: _____
Street City State Zip Code

Date of Birth: _____ Place of Birth: _____

Date of Entry to U.S.: _____
(if applicable)

Child's Age: _____ Gender: _____ SS#: _____

My child does not have a social security #

Preferred Immersion Language: French Spanish (choose only one)

Child's Race (circle all that apply): 1) American Indian/ Alaskan Native 2) Asian 3) Black or African American

4) Hispanic 5) White 6) Native Hawaiian or other Pacific Islander

English Language Proficiency

English Language Proficiency: Fully English Proficient Limited English Proficiency

Primary Language Spoken at Home: _____

What is the first language learned by the student? _____

What language does the student use most often with other students? _____

Has the student previously attended ISL? _____ If so, what dates/grade(s)? _____

Name(s) of sibling(s) currently attending ISL: _____

Name(s) of sibling alumnus(i): _____

Name(s) of siblings also applying to ISL for the current academic year: _____

Are you aware that ISL is a language immersion school: _____

B. Family Information

Child lives with whom: _____

Does a custody order exist? _____ *If yes, a copy of the current order must be attached.*

Father/ Guardian Name: _____

If guardian, relationship to child: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Place of Employment: _____

Employment Address: _____ Phone: _____
Street City State Zip

Mother/ Guardian Name: _____

If guardian, relationship to child: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Place of Employment: _____

Employment Address: _____ Phone: _____
Street City State Zip

C. School or Pre-School Information

Name of Last School or Pre-School Attended: _____

Name of Principal: _____ Phone Number: _____

School Address: _____
Street City State Zip Code

Grade Completed: _____ May we contact your child's current/previous school? _____

If no, please explain: _____

D. Emergency Contact Information

1. Name: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Alternate: _____

2. Name: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Alternate: _____

E. Household Income

Total number in household: _____

Food Stamp/FITAP # (if any) _____

Total Annual Income (check one):

\$0 - \$21,000

\$21,000 - \$28,000

\$ 28,000 - \$34,000

\$34,000 - \$48,000

\$48,000 – \$60,000

\$60,000 - above

F. Parent/Guardian Signature

I certify that I am the legal guardian of _____ and that the information I have given is true and correct to the best of my knowledge.

Signed: _____

Date: _____