



International Academy of Saint Petersburg

Application for Student Admission

Your child's
photo

Enrollment at IA			
Anticipated enrollment date (dd/mm/yyyy)			
Anticipated grade level			
Student information			
Student's last name (Surname)	Student's first name	Student's middle name	
Student's date of birth			
Date: (dd/mm/yyyy)	Gender Female Male	Country of birth	Citizenship as noted in passport
Family Information			
Father's last name (Surname)	Father's first name	Father's middle name	
Father's citizenship	Father's phone number	Father's email	
Father's occupation	Father's language(s) of communication:	English Korean Japanese Russian Other:	
Mother's last name (Surname)	Mother's first name	Mother's middle name	
Mother's citizenship	Mother's phone number	Mother's email	
Mother's occupation	Mother's language of communication	English Korean Japanese Russian Other:	
Employer information			
<u>Employer name</u>		<u>Primary income source</u> Business Non-profit Consular <input type="checkbox"/>	
Employer phone number	Employer email	Will your employer pay for your child's education? Yes No Partial	



Education History

Provide details regarding the last 2 years of your child's schooling starting with your child's current school

Years	Grades	School Name	City and Country	Language of Instruction

Language Abilities

Please list all the languages your child knows

Language	Spoken	Read	Written	Need some help	Most spoken at home
English					

Physical Ability

Does your child have any physical limitations that would affect the ability to move around the school building or affect participation in athletic activities? If yes, please explain.

Yes No

Learning

Has your child been formally identified as having a disability that affects his/her learning? If yes, please explain.

Yes No

Please explain the disability which affects your child's learning

Additional information

Are there any physical, emotional, or educational difficulties your child has that may affect his/her performance at school? If yes, please explain.

Yes No



Rate your child from 1-5 in the following areas (1 is low, 5 is high)	1	2	3	4	5
Attitude towards school					
Motivation towards academic learning					
Self-discipline					
Decision making					
Patience with others					
Productive use of leisure time					
Spiritual maturity					
Leadership					
Organizational skills					
Concern for others					
Adaptability to change					
Respected by peers					
Ease in relationships					

<p><u>Medical</u></p> <p>Does your child have any allergies or illnesses we need to be aware of? Please explain.</p>
<p><u>Other family information</u></p> <p>Do you already have other children attending IA?</p> <p>Yes No</p>

I understand that chapel, Bible classes and activities which encourage a Christian world view are a part of the Academic Program of International Academy.

Parent/Guardian's Signature: _____ Date: _____

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