



# International Academy of Saginaw

*Member of the SABIS® School Network*

Christi Seiple-Cole, Director  
1944 Iowa Avenue, Saginaw, Michigan 48601  
Tel: (989) 921-1000 Fax: (989) 921-1001  
Email: [ias@sabis.net](mailto:ias@sabis.net) Web site: [www.ias-sabis.net](http://www.ias-sabis.net)

Dear Parents or Guardians:

Thank you for your commitment to enrolling your child at the International Academy of Saginaw. Please complete the Student Enrollment Form located on page 2 and attach copies of the documents found in the Registration Documents Checklist below. The Student Enrollment Form must be completed in full and the required documents must be received in order for your child's registration to be accepted.

Children in grades 1-5 will be required to take our diagnostic test for student placement prior to starting school. You will be notified shortly regarding the testing dates/times. Following the testing, you will receive a phone call with your child's results. At that time, we will set up a time for you to meet with a school administrator for an overview of expectations, school philosophy, any remaining paperwork to be completed and to answer any remaining questions.

## REGISTRATION DOCUMENTS CHECKLIST

- Copy of Birth Certificate
- Copy of Immunization Record
- Copy of Social Security Card
- Copy of Last Report Card

**The student will not be able to test unless all the above paperwork is turned in. Paper work must be filed prior to the testing date.**

If you have any questions, please do not hesitate to call (989) 921-1000. Again, thank you for your interest in the International Academy of Saginaw.

Sincerely,

Christi Seiple-Cole  
Director  
International Academy of Saginaw



Log no. \_\_\_\_\_

**Schedule Diagnostic Testing:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**SSMS Data Entry:**

Status: Applicant or Registered  
(Circle one)

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

**International Academy of Saginaw**

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Tel (989) 921-1000 Fax (989) 921-1001 email: info1@ias.sabis.net  
[www.ias-sabis.net](http://www.ias-sabis.net)

- Birth Certificate
- Social Security card
- Immunizations
- Last report card
- Physical

**Student Enrollment Form for 2009-2010**

**Now Enrolling Grades K-5 and expanding one grade each year through grade 12**

The International Academy of Saginaw (IAS) is currently enrolling students in Grades K-4 for the 2009-10 school year. IAS will add one grade level each year, eventually serving all grades K-12. Kindergarten applicants must be 5 years old by December 1, 2009 in order to be eligible to enter kindergarten. IAS is a member of the SABIS® School Network. SABIS® Network schools help all students perform to their highest abilities and achieve academic excellence. Member schools develop and strengthen ethical, moral, and civic values; equipping students with the knowledge, skills, and social judgment to help them face the challenges of the future. IAS provides equal access to a tuition-free public education for all students, regardless of "intellectual or athletic ability, measures of achievement or aptitude and status as a handicapped person."

Student's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male or Female (circle) \_\_\_\_\_ Grade to Enter (circle) K 1 2 3 4 5

Student's Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ + 4 digits \_\_\_\_\_

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What School District does the student reside in? \_\_\_\_\_

Has student ever been expelled? Yes / No (circle) If yes, please explain

Mr., Mrs., Ms. _____ (circle) 1 <sup>st</sup> Parent/ Guardian's Full Name				Relationship to Student _____			
Home Address/ if different than student _____		Home Phone/if different than student _____		Work Ph Number/Cellular _____		Email _____	
Mr., Mrs., Ms. _____ (circle) 2 <sup>nd</sup> Parent/ Guardian's Full Name				Relationship to Student _____			
Home Address/ if different than student _____		Home Phone/if different than student _____		Work Ph Number/Cellular _____		Email _____	

You will need to provide with this completed form your child's Birth Certificate, Social Security Card, Immunization Record, last Report Card and for Kindergarten entrants a completed Physical Form.

Signature of Parent/ Guardian \_\_\_\_\_ Today's Date \_\_\_\_\_

How did you learn about our Academy?  Friend  Relative  Newspaper  TV  Radio  Drive-by  
(√ Check one please)

Other, please explain: \_\_\_\_\_