	School Year	•
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Student Name:			Entering Grade:			
Child's Passport Number:		Country:	Exp. Date:			
Child's Visa Number:		Visa Expiration D	Visa Expiration Date:			
		ou must have addi for assistance.	itional immigration docu	mentation. Please contac	t	
PLEASE ANS	SWER EACI	I QUESTION W	ITH <u>"YES"</u> OR <u>"NO"</u> .			
	•		nome or work) changed in in the space b			
	Has your child received any new immunizations in the past school year? (If yes, please provide a photocopy of your child's immunization record.)					
	Has your child developed any health problems, allergies, begun wearing glasses, or had any other changes in health status in the past year? (If yes, please explain below.)					
	Do you have any other concerns that the school should be aware of? (If yes, please explain below.)					
BILLING IN	FORMATIO	N: Circle one cho	oice from each category.			
Frequency		Tuition Paid By	Send Statemer	nt to Send Staten	nent via	
Yearly		Parents	Parents	Fax		
Semi-annually	7	Mission	Mission	E-Mail		
Quarterly			Other (explain)	Regular Mai	1	
Monthly						

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SUPPO	ORTING DOCUMENTATION: Please enclo	se each of the following:
	Registration Fee (Please note that the reby the registration fee payment)	egistration cannot be honored unless accompanied
	Your signature below indicates you have International Academy documents: • Parent Release Information • Statement of Faith & Unity • Code of Conduct • Safeguarding Code of Conduct • Computer Use Agreement* • Fee Schedule	ve read and agree to the following Faith
	*Students in grades 6-12 will be asked	to sign at the beginning of the school year.
	Medical Exam form, completed by a pl	nysician, for students entering grade 6 and grade 9
The info	formation on this registration form is true and a	ccurate. Both Parents please sign below.
	Parent signature above printed name	Date
•	Parent signature above printed name	Date

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