



## **ENROLLMENT APPLICATION**

### **2022-2023 Academic Year**

### **Welcome to Ivy Global!**

#### **Instructions:**

1. Complete the attached Enrollment Application as well as other forms (can be printed from [www.ivyglobalschool.org](http://www.ivyglobalschool.org)) and return to us along with the required documents.
2. For multiple students, fill out an additional Enrollment Application.
3. Once complete, sign and submit with the required documents outlined below..

Upon receipt of your Enrollment Application, Ivy Global will send you information about selecting your courses for the 2022-2023 school year.

#### **Forms:**

[Enrollment Application](#)

[Demographic Information Survey](#)

#### **Required Documents:**

Gather and send additional documents to complete your enrollment file:

1. Copy of Birth Certificate
2. Copy of Current Immunization Records
3. Copy of Withdrawal form from previous school and Transcripts (if applicable)
4. Copy of Health Form
5. [Release of Student Records](#) Form

#### **Deliver Documents to:**

**Fa**

**Email:** [admission-us@ivyglobalschool.org](mailto:admission-us@ivyglobalschool.org)



## ENROLLMENT APPLICATION 2022-2023 Academic Year

| <b>Student Information</b>                                                   |  |                            |                                 |                                         |                   |
|------------------------------------------------------------------------------|--|----------------------------|---------------------------------|-----------------------------------------|-------------------|
| Students legal name: (last, first, middle initial)                           |  |                            |                                 | Gender:                                 | Grade:            |
| Home Address :                                                               |  |                            | Zip Code:                       | Country:                                |                   |
| Mailing Address/ P.O. Box: (If Different Than Resident)                      |  |                            | Zip code:                       | Restrict Directory Info:<br>yes      no |                   |
| Personal Email:                                                              |  | Home Phone (w/ area code)  |                                 | Cell Phone Number:                      |                   |
| Birthplace: (City, State, Country)                                           |  | Birth Date:                |                                 |                                         |                   |
| Ethnicity:                                                                   |  | Language:                  |                                 | Disability (if any):                    |                   |
| <b>Parent/ Guardian Information</b><br>Must be completed by parent/ guardian |  |                            |                                 |                                         |                   |
| <b>Relationship:</b>                                                         |  | Last name                  |                                 | First Name                              |                   |
| <b>DOB:</b>                                                                  |  |                            |                                 | M.I.:                                   |                   |
| Resides with:    Yes    No                                                   |  | Home Phone: (w/ area code) |                                 | Cell Phone Number:                      |                   |
| Personal Email:                                                              |  | Current Employer:          |                                 |                                         |                   |
| Occupation:                                                                  |  | Employer Phone Number:     |                                 | Work extension:                         | Work Hours:<br>To |
| <b>Relationship:</b>                                                         |  | Last name                  |                                 | First Name                              |                   |
| <b>DOB:</b>                                                                  |  |                            |                                 | M.I.:                                   |                   |
| Resides with:    Yes    No                                                   |  | Home Phone: (w/ area code) |                                 | Cell Phone Number:                      |                   |
| Personal Email:                                                              |  | Current Employer :         |                                 |                                         |                   |
| Occupation:                                                                  |  | Employer Phone Number:     |                                 | Work extension:                         | Work Hours:<br>To |
| <b>Non-Custodial Parent/ Guardian Information</b>                            |  |                            |                                 |                                         |                   |
| Relationship                                                                 |  | Last name                  |                                 | First Name                              |                   |
|                                                                              |  |                            |                                 | M.I.:                                   |                   |
| Home Address:                                                                |  |                            |                                 |                                         | Zip Code:         |
| <b>School Information</b>                                                    |  |                            |                                 |                                         |                   |
| Last School Attended:<br>When:                                               |  |                            | Address Of Last School Attended |                                         | Records Release   |



| <b>Sibling Information</b>                                                                                                               |                          |                                                                                |           |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------|-----------|
| Sibling At This School:                                                                                                                  | Grade:                   | Sibling At This School:                                                        | Grade:    |
| Sibling At This School:                                                                                                                  | Grade:                   | Sibling At This School:                                                        | Grade:    |
| <b>Local Emergency Contact</b>                                                                                                           |                          |                                                                                |           |
| <b>A person who may be contacted if the parent/ guardian is unavailable and who is authorized to pick up the student in an emergency</b> |                          |                                                                                |           |
| Emergency Contact Person                                                                                                                 | Telephone: (w/area code) | Relationship:                                                                  |           |
| Emergency Contact Person                                                                                                                 | Telephone: (w/area code) | Relationship:                                                                  |           |
| <b>Home Language Survey</b>                                                                                                              |                          |                                                                                |           |
| <b>Parent/Guardian Must Complete</b>                                                                                                     |                          |                                                                                |           |
| First Language Learned by Student:<br>English      Vietnamese      Other                                                                 |                          | Language Spoken by Student With Friends:<br>English      Vietnamese      Other |           |
| Language Used In Home<br>English      Vietnamese      Other                                                                              |                          |                                                                                |           |
| <b>Military Department</b>                                                                                                               |                          |                                                                                |           |
| Is either parent on active duty in the military service? (student need not be residing with this parent)    Yes    No                    |                          |                                                                                |           |
| <b>School Information</b>                                                                                                                |                          |                                                                                |           |
| Has the student ever received special education services?                                                                                |                          | Yes                                                                            | No        |
| Does the student have a current accommodation plan (section 504) in school?                                                              |                          | Yes                                                                            | No        |
| NEW STUDENTS: Birth certificate:                                                                                                         |                          | Yes                                                                            | No        |
|                                                                                                                                          |                          | Immunizations:                                                                 | Yes    No |
| Legal Parent/Guardian Signature:                                                                                                         |                          |                                                                                | Date:     |



## DEMOGRAPHIC INFORMATION SURVEY 2022-2023 Academic Year

As required by federal law, Ivy Global must report student-related data by ethnic group. Please complete and return this form to Ivy Global school. If you have more than one student attending Ivy Global, please complete a separate form for each student, and send it to the school.

Questions about the collection or reporting of data by ethnicity and race may be directed to the principal's office.

**Please answer both parts of the survey below:**

|                                                                                                                                                                                             |            |                                   |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------|----------------|
| Students Last Name                                                                                                                                                                          | First Name | MI                                | Student Number |
| <b>Is your child Hispanic/Latino (choose one only)?</b>                                                                                                                                     |            |                                   |                |
| <b>Yes, Hispanic or Latino</b>                                                                                                                                                              |            | <b>No, not Hispanic or Latino</b> |                |
| The Question above is about ethnicity, not race. However, if "yes" is chosen above, data for this student will be reported in the Hispanic/Latino category.                                 |            |                                   |                |
| In addition to answering <b>part 1</b> (above), <b>please answer part 2 (below)</b> by making one or more boxes to indicate what you consider your student's race to be                     |            |                                   |                |
| <b>What is your child's race? (You may choose one or more.)</b>                                                                                                                             |            |                                   |                |
| American Indian Or Alaska native                                                                                                                                                            |            |                                   |                |
| Asian                                                                                                                                                                                       |            |                                   |                |
| Black or African American                                                                                                                                                                   |            |                                   |                |
| Pacific Islander                                                                                                                                                                            |            |                                   |                |
| White                                                                                                                                                                                       |            |                                   |                |
| If "no" is chosen in response to part 1, and if more than one category is chosen in response to part 2, the data for this student will be reported in the multiracial/multiethnic category. |            |                                   |                |

I choose not to provide the race and ethnicity information. I acknowledge that school personnel will, in accordance with federal guidelines, make the race and the ethnicity selections for my student.

Name of person completing the survey \_\_\_\_\_

Please print (first, last)

Signature: \_\_\_\_\_

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

# RECORDS RELEASE

## 2022-2023 Academic Year

|                  |                   |
|------------------|-------------------|
| Previous School: |                   |
| Street Address:  | City, State, Zip: |

The student listed below has enrolled in our school. Please send the cumulative academic records, including transcripts, special education, report cards, test data, guidance record, immunization and health records.

|            |             |       |         |                |
|------------|-------------|-------|---------|----------------|
| Last Name: | First Name: | M.I.: | Grade : | Date Of Birth: |
|------------|-------------|-------|---------|----------------|

If the student left during the school year, please include marks, credits and grade level at time of leaving.

In the event that my student transfers to a different school, I authorize release of all his/her educational records electronically through facsimile transmission (FAX) or email. I understand and agree that should the records be inadvertently transmitted to an unauthorized recipient, through no fault of the sender, I hereby waive any claim against the sender and agree to hold the sender harmless from any and all responsibility for damages, if any, arising from the faulty transmission.

\_\_\_\_\_ I do not authorize release of records through facsimile transmission (FAX) or email.

\_\_\_\_\_ I understand and agree that this authorization, if granted, may be rescinded at any time by submitting a revised authorization form to the student's current school of attendance. The school will maintain the privacy of student education records pursuant to the provisions of the Family Educational Rights and Privacy Act (FERPA).

Your signature below authorizes the Electronic Transfer of Records for your student's cumulative academic records.

\_\_\_\_\_  
Printed name of student (first, last)

\_\_\_\_\_  
Signature of student Date

\_\_\_\_\_  
Printed name of parent/guardian (first, last)

\_\_\_\_\_  
Signature of Parent/Guardian Date

## **FULL AND PART-TIME ENROLLMENT AT IVY GLOBAL SCHOOL**

### **Note:**

Full-time and part-time students at IGS will receive weekly contact with their teachers and be issued an official transcript at the end of their academic program.

### **Tuition and Fees:**

One-time non-refundable registration fee: \$100

Full-time enrollment: \$6,000/year

Single-course enrollment: \$500/course/semester

### **For the 2022-2023 school year, three payment plans are available:**

- 1) Pay tuition in full
- 2) Pay in two installments
- 3) Pay in ten monthly payments