

**Application for Admission / Demande d'Inscription**

Applying for grade / Entrée en classe de \_\_\_\_\_

School year / Année scolaire \_\_\_\_\_

Child's name / Nickname/  
Nom de l'enfant \_\_\_\_\_ Prénom usuel \_\_\_\_\_  
last/nom first / prénom middle

Birthdate / Date de naissance \_\_\_\_\_ Place / localité \_\_\_\_\_ Nationality \_\_\_\_\_

Home address / Domicile \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Family information / Renseignements concernant la famille**

Father's full name / Nom et prénom du père \_\_\_\_\_ Nationality /  
Nationalité \_\_\_\_\_

Company / Société \_\_\_\_\_ Profession \_\_\_\_\_

Company address / Adresse de la Société \_\_\_\_\_

Business phone / Cell phone /  
Téléphone professionnel \_\_\_\_\_ Portable \_\_\_\_\_ Fax \_\_\_\_\_

Pager \_\_\_\_\_ Email \_\_\_\_\_

Home address if different /  
Domicile s'il est différent \_\_\_\_\_

Phone if different /  
Téléphone s'il est différent \_\_\_\_\_ Email \_\_\_\_\_

Mother's full name / Nom et prénom de la Mère \_\_\_\_\_ Nationality /  
Nationalité \_\_\_\_\_

Company / Société \_\_\_\_\_ Profession \_\_\_\_\_

Company address / Adresse de la Société \_\_\_\_\_

Business phone / Cell phone /  
Téléphone professionnel \_\_\_\_\_ Portable \_\_\_\_\_ Fax \_\_\_\_\_

Pager \_\_\_\_\_ Email \_\_\_\_\_

Home address if different /  
Domicile s'il est différent \_\_\_\_\_

Phone if different /  
Téléphone s'il est différent \_\_\_\_\_ Email \_\_\_\_\_

Parents' marital status / Parents' education /  
Situation de famille des parents \_\_\_\_\_ Niveau d'étude des parents \_\_\_\_\_

Who has financial responsibility for the child?  
Qui est responsable financièrement de l'enfant? \_\_\_\_\_

Address / Domicile \_\_\_\_\_

Please list brothers and sisters and the schools they attend / Nom des frères et sœurs et les écoles fréquentées :

Name /	Birthdate /	School /
Prénom	Date de naissance	Ecole
Name /	Birthdate /	School /
Prénom	Date de naissance	Ecole
Name /	Birthdate /	School /
Prénom	Date de naissance	Ecole
Name /	Birthdate /	School /
Prénom	Date de naissance	Ecole

Languages spoken at home / Langue(s) parlée(s) à la maison \_\_\_\_\_

### **Applicant Information / Renseignements concernant l'enfant**

School(s) previously attended, if any / Ecole actuellement fréquentée:

School / Ecole Address / Adresse Phone / Téléphone \_\_\_\_\_

General health of child (excellent, good, fair, poor) / Santé de l'enfant (excellente, bonne, assez bonne, mauvaise):

Serious allergies or special medical conditions the school should be aware of (describe briefly):

Allergies ou problèmes médicaux particuliers (Décrire brièvement) : \_\_\_\_\_

Name of child's physician / Nom du médecin de l'enfant Address / Adresse Phone / Téléphone \_\_\_\_\_

Name of child's dentist / Nom de la dentiste de l'enfant Address / Adresse Phone / Téléphone \_\_\_\_\_

Please choose a few adjectives to describe your child / Décrivez votre enfant en quelques mots: \_\_\_\_\_

Is there anything you wish to add about your child, any special problems or strengths your child may possess, etc?

Commentaires supplémentaires sur votre enfant ?

How did you learn about The Austin International School? (Please specify) Comment avez-vous entendu parler du Austin International School ?  
(Veuillez être précis)

I hererby apply for admission for my son/daughter / Par ce formulaire je demande l'inscription de mon fil / ma fille

(Name of child / Nom et prénom de l'enfant) \_\_\_\_\_  
to The Austin International School / à l'Austin International School.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Austin International School, in admissions, employment, and access to programs, considers candidates on the basis of individual merit and without regard to race, color, religion, sex, national or ethnic origin, or other factors irrelevant to fruitful participation in the programs of Austin International School



12001 Oak Knoll Drive • Austin, TX 78759  
(512) 331 7806 office • (512) 219 5201 fax

# Child Release Form For Authorized Pick-ups

Name of Child \_\_\_\_\_

### Persons Authorized to Pick up Child:

I authorize the following individuals to pick up my child from school ANYTIME (include parents' names, cross out any spaces not used):

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

I authorize the following individuals to pick up my child from school ONLY WHEN THEY HAVE WRITTEN CONSENT or I HAVE CALLED THE SCHOOL:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

### In Case of Emergencies, please indicate the following:

The following individuals can be called in case of an emergency if I/we cannot be reached (e.g. in the event that my child becomes sick or requires non-emergency medical care), and I authorize these individuals to come and get my child if I cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## Statement of Special Needs

Name of Child: \_\_\_\_\_

- Does your child have any allergies?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Does your child have any existing illnesses?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Does your child have any disabilities?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Has your child had any previous serious illnesses, injuries, or hospitalizations during the last six months?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- If your child has any other special needs, please describe them for us:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

## Emergency Medical Release & Liability Release Form

Name of Child: \_\_\_\_\_

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_,  
who is enrolled at the Austin International School; and by signing this document, I confirm that:

1. I wish to have my child registered in the program of the Austin International School and to have him/her participate in any activities during the program;
2. I release the Austin International School, it's directors, teachers, employees and volunteers (AIS staff) assisting during the academic year from any liability in connection with my child's participation in any events and activities of the Austin International School, which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize the Austin International School and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of any accident, injury or illness that may occur;
4. In the event of an emergency, I authorize the Austin International School to contact my child's doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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## AIS Wellness Statement

**To be completed by Child's Physician:**

Child's Name \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

\_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

I, the undersigned, have examined the above-mentioned child in the last 12 months, and have found the child to be in good health and able to participate in all normal activities, including a day care program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Vaccination records will be kept on file year to year. Please be advised that it is your responsibility to inform the school in writing of any new medical updates.**

**This form can be faxed to the Austin International School at (512) 219 5201.**

## Austin International School HEALTH REQUIREMENTS

Name of Child:			Date of Birth:		
<b>IMMUNIZATIONS</b>	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ Signature _____ Date _____					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine. _____ Parent's signature _____ Date _____					
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.					
For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>					

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.  
\_\_\_\_\_  
Health Care Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

## Photographic & Video Release Form

During our Summer Language Immersion Camp and our academic school year, we may have activities at the Austin International School which may include photographing, filming, sound recording, and/or videotaping your child. These activities may include but may not be limited to the following:

1. Photographs for newsletters, the school website\* and other publications by the school, its students, or its parents' organization;
2. Marketing materials by the school which includes public relations publications, brochures, advertisements or videos;
3. News media publications or broadcasts by professional or student journalists;
4. Teaching materials;
5. Photographs or videotapes made by a state agency, such as the Texas Department of Family and Protective Services (TDFPS) for their purposes.

*\* These photographs will not identify children by name, and will also include group photographs such as those we take in class or on the playground.*

Please fill out and sign one of the forms below:

### Permission

I hereby give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described above for the Summer Language Immersion Camp and/or the academic year for the duration of his/her enrollment at the Austin International School.

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Parent's Signature

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Date

### Refusal

I **do not** give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described above for the Summer Language Immersion Camp and/or the academic year for the duration of his/her enrollment at the Austin International School.

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Parent's Signature

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Date



# School Directory Information Release

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

The Austin International School publishes a school directory each Fall and Spring. The following information is published in the Austin International School Directory:

- Name of Child and Parent
- Name of Parents
- Home Address
- Home Phone Numbers
- Cell Phone Numbers
- E-mail Addresses

Please check one of the following options below and return this form by your child's orientation day.

All information may be published in the Austin International School Directory

I have information that I **DO NOT** want published. It is indicated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not wish to have my information published in the school directory. (Note: your name and your child's name and class will still appear in the directory.) Initial Here: \_\_\_\_\_

*The AIS Student directory is provided for the parents' convenience and is for personal and school use only. The information in this directory is not to be used for commercial, political or other organizational use. To respect the privacy of the families listed in the directory, information can not be given to outside sources without their expressed permission.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

## Discipline and Guidance Policy

### At the Austin International School:

- ❖ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy as well as the discipline code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

- parent     employee/caregiver     household member of child-care home



## AIS and TDFPS Nutrition Policy

I, the undersigned, understand that parents and/or guardians provide their own children's meals and snacks while they are in care at the Austin International School (AIS). I agree that the AIS is not responsible for the nutritional value of my child's food or for meeting his/her daily food needs.

Parent's Name \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date