



8094 Plantation Drive
West Chester, OH 45069
P: 513-755-0169 F: 513-755-0179
www.intlacademy.org

APPLICANT INFORMATION:

Name: _____
First Middle Last

Address: _____
Number and Street

City State Zip Code

Telephone: _____

Date of Birth: _____
month day year

Place of Birth: _____

Entering Grade: _____

Previous School (if any): _____

Years in Previous School: _____

School Address: _____
Number and Street

City State Zip Code

Public school district in which applicant resides:

Name of Public School:

FAMILY INFORMATION:

Father's Name: _____
First Middle Last

Occupation: _____

Firm: _____

Business Address _____

Business Phone: _____

Home Address: _____
(if different)

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Are parents separated or divorced? _____

If yes, who has custody? _____

With whom does applicant live? _____

Mother's Name: _____
First Middle Last

Occupation: _____

Firm: _____

Business Address _____

Business Phone: _____

Home Address: _____
(if different)

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Date Application Received: _____

FAMILY INFORMATION (Siblings)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you learn about The Academy? _____

Agreement to Release – Photo

As the Academy grows, we will from time to time, take photos or have photos taken of various activities that take place involving our students and parents. You are asked to extend your permission to use those pictures. The photo will likely appear in promotional pieces for the Academy, but could also be printed in various publications designed to convey daily life at our Academy. We also wish to use such photos for recruiting, homecoming, general marketing or publicity and fund raising purposes. Please take a moment to sign this general release expressing your permission or withholding your permission to use any photos in which you or your child might appear. This release has no expiration.

- Yes – I extend permission to the Academy to use photos of myself and/or my child in publications as described.
- No – I withhold permission for the Academy to use photos as described above.

Signature of Parent/Guardian

Agreement to Include in School Roster

Per the guidelines of the Ohio Department of Education, a roster with the name and telephone number of the child and of the child’s parent will be prepared. This roster may be furnished, on request to parents within the Academy. Please sign below indicating your permission or withholding your permission to be included in the school roster. This release has no expiration.

- Yes – I extend permission to the Academy to include myself and my child in a class roster as described.
- No – I withhold permission for the Academy to include myself and/or my child in a roster as described above.

Date

The Academy recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities.