



Enrollment Date: \_\_\_/\_\_\_/\_\_\_  
(For MIS use only)

**APPLICANT'S INFORMATION**

Applying for:  Pre-Primary 3  Pre-Primary 4  K  1<sup>st</sup> Grade  2<sup>nd</sup> Grade  3<sup>rd</sup> Grade

Applicant's Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME NAME USED IN SCHOOL

Gender:  M  F Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_  
MM / DD / YY

Home Address \_\_\_\_\_  
NUMBER AND STREET CITY  
STATE ZIP Home Telephone \_\_\_\_\_

Home Language (check all that apply):  English  Spanish  Others (specify) \_\_\_\_\_

Race (Optional – check all that apply):  White  Black/African American  Native American  Asian  
 Asian Indian  Pacific Islander  Other (specify) \_\_\_\_\_

Ethnic Background (Optional):  Hispanic/Latino  Non-Hispanic/Latino

**APPLICANT'S SCHOOL HISTORY**

Current School \_\_\_\_\_

Dates of Attendance From \_\_\_\_\_ to \_\_\_\_\_ Current Grade \_\_\_\_\_  
MM / YY MM / YY

School Address \_\_\_\_\_  
NUMBER AND STREET CITY  
STATE ZIP School Telephone \_\_\_\_\_

Name of Current Teacher \_\_\_\_\_

Previous School \_\_\_\_\_  
SCHOOL NAME CITY / STATE DATES ATTENDED

**SIBLING INFORMATION**

Number of Siblings: \_\_\_\_\_

Does the applicant have a sibling who is also applying to MIS?  Yes  No

Provide the following information on all siblings of the applicant (attach additional sheets if necessary):

Sibling's name: \_\_\_\_\_ Gender:  M  F Date of Birth: \_\_\_\_\_  
MM / DD / YY

Current School: \_\_\_\_\_  
SCHOOL NAME CITY / STATE DATES ATTENDED

Sibling's name: \_\_\_\_\_ Gender:  M  F Date of Birth: \_\_\_\_\_  
MM / DD / YY

Current School: \_\_\_\_\_  
SCHOOL NAME CITY / STATE DATES ATTENDED

**PARENT / LEGAL GUARDIAN INFORMATION**

Parents are:  married  separated  divorced  partners, not married  
 single parent  mother or father deceased

Child lives with:  both parents  mother  father  guardian other (specify) \_\_\_\_\_

If divorced: Are parent(s) remarried?  both are remarried  neither is remarried  
 mother is remarried  father is remarried

If divorced or separated: The School should communicate with:  both parents  mother only  father only

**Parent / Guardian 1**

Check one:  Mr.  Mrs.  Ms.  Miss  Dr.  Other Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Citizenship \_\_\_\_\_ Birthplace \_\_\_\_\_

Race (Optional): \_\_\_\_\_ Ethnicity (Optional): \_\_\_\_\_

Secondary school attended: \_\_\_\_\_

College/University attended: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
E-MAIL WORK PHONE MOBILE PHONE

Native Language (check all that apply):

English  Spanish  Other Language (specify) \_\_\_\_\_

**Parent / Guardian 2**

Check one:  Mr.  Mrs.  Ms.  Miss  Dr.  Other Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Citizenship \_\_\_\_\_ Birthplace \_\_\_\_\_

Race (Optional): \_\_\_\_\_ Ethnicity (Optional): \_\_\_\_\_

Secondary school attended: \_\_\_\_\_

College/University attended: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
E-MAIL WORK PHONE MOBILE PHONE

Native Language (check all that apply):

English  Spanish  Other Language (specify) \_\_\_\_\_

**GRANDPARENT(S) INFORMATION (attach additional sheets if necessary)**

**Paternal Grandfather**

Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Home Address \_\_\_\_\_  
NUMBER AND STREET CITY

\_\_\_\_\_  
STATE ZIP Home Telephone \_\_\_\_\_

Native Language (check all that apply):

English  Spanish  Other Languages (specify) \_\_\_\_\_

**Paternal Grandmother**

Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Home Address \_\_\_\_\_  
NUMBER AND STREET CITY

\_\_\_\_\_  
STATE ZIP Home Telephone \_\_\_\_\_

Native Language (check all that apply):

English  Spanish  Other Languages (specify) \_\_\_\_\_

**Maternal Grandfather**

Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Home Address \_\_\_\_\_  
NUMBER AND STREET CITY

STATE ZIP Home Telephone \_\_\_\_\_

Native Language (check all that apply):

English  Spanish  Other Languages (specify) \_\_\_\_\_

**Maternal Grandmother**

Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Home Address \_\_\_\_\_  
NUMBER AND STREET CITY

STATE ZIP Home Telephone \_\_\_\_\_

Native Language (check all that apply):

English  Spanish  Other Languages (specify) \_\_\_\_\_

## APPLICANT EVALUATION

Please tell us why you would like your child to attend the Magellan International School.

Please tell us about your child's Spanish level. In addition, please share with us your child's exposure to Latin culture such as music, arts, and so on.

Please describe your expectations from your child's education. That is, what kind of education do you want your child to receive?

Please describe your child's strengths, challenges, and special interests.

Please describe your child's health.

Does your child have any specific allergies or learning disabilities that would limit his/her participation in the full range of school activities?

Is your child currently under the care of a physician, psychiatrist, psychologist, or therapist?  Yes  No  
If so, describe briefly.

Has your child had an education/psychological evaluation?  Yes  No

If yes, are you willing to share a copy of the results?  Yes  No

Is there anything else you would like us to know about your child? (Use a separate sheet if necessary.)

How did you learn about the Magellan International School?

**PERSONS FINANCIALLY RESPONSIBLE**

Person 1 \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

\_\_\_\_\_  
HOME PHONE WORK PHONE MOBILE PHONE

\_\_\_\_\_  
EMAIL ADDRESS

Person 2 \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

\_\_\_\_\_  
HOME PHONE WORK PHONE MOBILE PHONE

\_\_\_\_\_  
EMAIL ADDRESS

Billing Address \_\_\_\_\_  
NUMBER AND STREET CITY

\_\_\_\_\_  
STATE ZIP

Disabled applicants (or disabled family members of applicants) requiring any type of accommodations during the application process or otherwise are encouraged to identify themselves and indicate what type of accommodations are needed.

Signatures of parent(s) or guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

- **Please submit this application with the non-refundable application fee of \$100 (Check or Money Order) in person or by mail to the address below. Make checks out to "THE MAGELLAN SCHOOL".** Applicants who file by the stated priority due dates and meet all other deadlines will receive priority consideration from the School. Applications received after this date will be considered as space allows.
- The Magellan International School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**The Magellan International School**  
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Austin, TX 78731  
(512) 961-5289  
admissions@magellanschool.org