



**Frank C. Martin International K-8 Center
International Baccalaureate Primary Years Programme**



APPLICATION FOR STUDENTS ENTERING GRADES 1-5
(TO BE COMPLETED BY PARENT/GUARDIAN)

STUDENT INFORMATION

Name _____ Student's MDCPS ID # _____

Sex (M/F) _____ Date of Birth _____ Age _____ Current Grade _____

Address _____ Zip Code _____

Home Phone # _____ Parent's Cell # _____

School student currently attends _____ Public Private

Home School According to Student's Address of Record _____

Does the student have a sibling currently attending Frank C. Martin in grades 1-7? Yes No

If yes, name of sibling _____ ID# _____ Grade _____

Please check if student receives Exceptional Education Services: Gifted Other _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name _____

Relationship to Student _____ E-mail Address _____

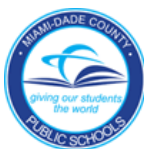
FOREIGN LANGUAGE CHOICE REQUEST

All students will receive instruction in either French or Spanish beginning in first grade. Please indicate your preference for your child's additional language of instruction. **FRENCH** **SPANISH**

If your first choice of language is not available, would you be willing to have your child study the alternate language offered? (Indicate YES or NO) _____

ACKNOWLEDGEMENT

I understand that **in addition** to this application, I am also required to submit a copy of my child's report card and/or records. I further acknowledge that my child's acceptance is contingent upon the receipt of all requested information, student meeting program requirements, and the availability of a seat.



Signature of Parent or Legal Guardian

Date

For Office Use Only		
Date Received _____	Grade Level _____ SP FR	Notes: _____
Disposition: _____	approved by _____	_____