

IPS Student Application

Please complete this application and send it to the address at right with a non-refundable fee of **\$75**.
Make your check payable to **The International Preschools**.



The International Preschools

330 East 45th Street
New York, NY 10017-3401 USA
Tel. (212) 371-8604
www.ipsnyc.org

Photo of child
(Optional)

NO STAPLES
PLEASE

Child Last Name: _____ First Name: _____ Middle: _____ Name Suffix: _____

Sex: Male Female Date of Birth: ____/____/____ Child's Nationality/Country: _____

Length of time the child has been in U.S.A.: _____ Language(s) child speaks: _____

Does the child live with both parents? Yes No Primary Phone: _____

Home address: _____ Apt.: _____ City: _____ State: _____ Zip code: _____

Title: Mr. Ms. Mrs. Dr. _____ Title: Mr. Ms. Mrs. Dr. _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Employer: _____ Employer: _____

UN Affiliation: Yes No UN Affiliation: Yes No

Nationality: _____ Nationality: _____

Business/Profession: _____ Business/Profession: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

How would you like IPS correspondence to be addressed?

If there are other children in the family, please list each name with age and current school.

If any of the child's siblings or parents attend(ed) IPS, please list each name with relationship to child, IPS location and years attended.

If you previously have applied to IPS for any child who did not enroll here, for which child and which school year?

Is your child currently attending a day care program, play-group or Independent school? Yes No

If yes which school?

How did you hear about IPS?

For the next three questions, you may answer on the back of this sheet if needed. If you do use the back, check here:

A. What words would you use to describe the child? _____

B. Are there any special concerns about which you want us to be aware? (e.g., asthma, diabetes, seizures, severe allergies)

C. Is there anything you would like us to know about the child's history or early development?

Preferred Location: E.45 E.35 E.74 W.76

The information I have provided is complete and accurate. School year for which you are applying: _____

Signature of parent: **X** _____ Date: _____

The International Preschools admits children of any race, color, national or ethnic origin and affords them all rights, privileges, programs and activities generally accorded or made available to students at the school. IPS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and other school-administered programs.

Accredited by the
National Academy of Early
Childhood Programs

