

# MANSFIELD SPANISH IMMERSION AN INTERNATIONAL SPANISH ACADEMY KINDERGARTEN APPLICATION

2018-2019

Open Enrollment Available for All Eligible Students  
(If outside the district, families provide transportation)

Tel: 419-525-6321 Fax: 419-525-6386



1. Student's Name \_\_\_\_\_  
(First) (Middle Initial) (Last)
2. Date of Birth \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_
3. Parents' Name \_\_\_\_\_  
(Mother/Guardian)  
\_\_\_\_\_  
(Father/Guardian)
4. Address \_\_\_\_\_
5. Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
6. E-mail \_\_\_\_\_
7. Residential School District \_\_\_\_\_
8. Where has your child attended pre-school? \_\_\_\_\_
9. Does your child speak a language other than English? If yes, what language? \_\_\_\_\_
10. What language is mainly spoken at home? \_\_\_\_\_
11. What are the goals you have for your child in this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. When would you like to schedule a tour of the school and classrooms?  
\_\_\_\_\_

Please return this completed application to the school office ASAP  
Completion of application does not guarantee admittance.