

Application For Admission—Lower School

Pupil's name _____
 (Last name) (First name) Sex M F

Place of birth _____ Date of birth (DD/MM/YY) _____

Nationality _____ Expected date of enrolment _____

Contact Address (in Luxembourg if known) _____

Postal code L- _____ Locality _____

Mobile phone : Mother's _____ Father's _____ Home telephone _____

E-mail (s): Mother's _____
 Father's _____

Please note:

- Each school year ISL publishes an internal school directory containing the above information about each family.
 Please write **EM** in front of any contact information that should be reserved for emergency only.
- The school communicates with all parents via a weekly email newsletter « ISL eNews ». Please indicate at least one email address for the family.

Father's name _____
 (Last name) (First name) Nationality _____

Personal address & phone number if different from above _____

Employed by _____ Position _____

Mother's name _____
 (Last name) (First name) Nationality _____

Personal address & phone number if different from above _____

Employed by _____ Position _____

Does your child have any special medical needs? No Yes If yes, please explain in detail on the **Student Information and Health History Form**.

Does your child have any identified special educational needs? No Yes If yes, please detail on the **Academic Information Form**.

Principal language(s) spoken at home: _____

Name and address of the current school: _____

Date of entry in current school _____ Date of departure from current school _____

Highest grade or form completed to date _____

Other children in family:	Name	Date of birth

IMPORTANT INFORMATION FOR APPLICANTS (Please read carefully)

I. By submitting this application to the International School of Luxembourg, you agree to respect the policies, rules, and regulations of the school:

1. To have your child take any tests the school deems necessary.
2. To abide by the school's decision concerning the admission and eventual placement of your child.
3. To honour the financial details implicit in this application (see tuition fee statement).

II. To complete this application, the following additional information must be received by ISL before an interview can take place:

1. Proof of transfer of a **non-refundable application fee of EUR 250 must accompany this application.**
2. Copy of Birth Certificate or ID page of Passport.
3. Records of the applicant's attendance, marks, and test scores from all previous schools attended. Non-English reports must be accompanied by an acceptable translation.
4. Completed Confidential Academic Information forms (grade 1 and up).
5. Completed Teacher Recommendation forms.
6. Completed Student Writing sample (students age 8 and up).
7. Completed and signed Student Information and Health History form.
8. Completed Language Background Survey.

III. An admissions interview is required for all student applicants. Please contact the Admissions Office to arrange an interview.

IV. Payments should be made by transfer to the school's bank account at the BGL s.a. (swift/BIC: BGLL LU LL; **IBAN LU39 0030 0613 5484 0000**). The transfer should clearly indicate the name of the child being registered.

Please note that you must pay all bank charges.

VII. Do not withdraw your child from his or her current school until you receive formal acceptance of the student by ISL.

VII. The enrolment of a student is an individual contract between the parents and the school regardless of any arrangements parents may have with their employer concerning the payment of the school fees for their child(ren).

Please state whether tuition and registration fees will be paid by:

- Father Mother Father's Company * Mother's Company * Other _____

* **NB Parents are responsible for the completion and submission of the Company Billing Form .**

Parent Declaration

I have read, understand and accept the terms of this application.

I enclose proof of payment of the EUR 250 fee with this application. I agree to pay the registration and capital fee of EUR 1900 to secure a place, the tuition and any other charges set by the school in connection with my child's attendance at ISL within thirty days of receipt of the school's invoice.

Date of application

Signature of parent or guardian

For School Use Only

Admitted Yes _____ No _____ Date of entrance _____ Grade placement _____

Programme _____

Date of decision _____ Initials of person(s) admitting pupil (1) _____ (2) _____

Student Information and Health History

(to be completed by a parent or guardian)

Please fill out this form and submit with your Application for Admission.

Child's Name _____ Matricule _____ Grade _____
(Date of Birth if Matricule not yet available)

Citizenship _____	Passport No. _____
Phone Home _____	Phone Work _____
Mother's Mobile no. _____	Father's Mobile no. _____
Child's Doctor _____	Doctor's Phone no. _____
Medical Insurer _____	Insurance ID no. _____
Emergency Contact _____ and phone no. _____ (In case parents cannot be reached)	

Authorisations

I hereby authorise the school nurse or delegated member of the school staff to administer basic First Aid or Emergency medical treatment to my child should it be required.

Date _____ Signature of parent _____

I authorise the school nurse to administer the following to my child [please check box (es)]:

- | | |
|---|--|
| <input type="checkbox"/> Antiseptic spray/cream for first aid | <input type="checkbox"/> Throat lozenges |
| <input type="checkbox"/> Dose appropriate non-aspirin pain reliever/fever reducer (eg. Paracetamol/Tylenol) | <input type="checkbox"/> Cough syrup |

This Information is confidential; it enables us to care for your child.

Health History

Is your child currently under medical care Yes No

Does your child routinely take medication, if so what and for what condition Yes No

Type _____

Time _____

Quantity _____

Is there any restriction on physical activity Yes No

Student has or has had any of the following conditions, if so please explain with dates
Allergies
Asthma
Cardiac disease
Congenital problems
Dental Problems

Diabetes
Ear Problems
Hearing problems
Emotional problems
Eating Disorder
Epilepsy / Seizures
Gastrointestinal Problems
Headaches
Measles
Menstrual problems
Mumps
Orthopaedic problems
Respiratory illness
Rubella
Scarlet Fever
Skin trouble
Urinary tract problems
Serious accidents
Tonsillectomy
Adenoidectomy
Hospitalisations
Operations
Other

Immunisation History (PLEASE ATTACH A COPY OF IMMUNISATION RECORD)	
Diphtheria_____	Mumps_____ Measles_____
Pertussis_____	Rubella_____
Tetanus_____	HIB_____
Polio (oral)_____	Meningitec c_____
Polio (inj.)_____	Tuberculosis (BCG)_____
Hepatitis B_____	Other_____
HPV_____	

Does your child wear glasses? yes no Contact lenses: yes no

Check one Normal Color Vision Abnormal Color Vision

Vision assessment:

Date	Both	Left	Right

If abnormalities, please explain _____

Date of last dental assessment: _____

Date of last audiometric assessment and result: _____

Please notify the school nurse of any changes.

Physical Examination Form

(to be completed by a physician)

Each student is required to undergo a physical examination by a qualified physician annually. The information below must be filled out and signed by the examining physician and returned to one of the School Nurses by the first day of school. (New students: after acceptance)

Name _____ Birth date _____ Grade _____

History

Has the child been treated with or for any of the following in the **last 12 months**? If so, please provide details

Allergies or Asthma	_____	Injuries or fractures	_____
Immunisations	_____	Chronic Illnesses	_____
Current medications	_____		
Other significant health information	_____		

Physical Examination

Please indicate if the following observations are normal. If not, please provide a comment.

	<i>Norm.</i>	<i>Comment</i>		<i>Norm.</i>	<i>Comment</i>
BP			Ears		
Pulse			Nose		
Height			Lungs		
Weight			Heart		
Urine			Abdomen		
Mouth/Teeth			Back		
Skin/Scalp			Extremities		
Eyes			Neuromuscular		

<u>VISION</u>	<i>Uncorrected</i>	<i>Corrected</i>	<u>HEARING</u>	<i>Norm.</i>	<i>Comment</i>
Left			Left		
Right			Right		

Authorisation for Activities

Please indicate if the child may participate in the following activities. If not, please provide a comment.

	<i>OK</i>	<i>Comment</i>		<i>Norm.</i>	<i>Comment</i>
P.E. Class			Playground		
Swimming			Other sports		

Physician's Name	Signature	Date
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Stamp

Language Background Survey

Child's Name: _____ Date of Birth: _____

Nationality(s) child: _____ mother: _____ father: _____

Child's Dominant Language(s): _____

Please indicate your child's dominant language(s) on the line below. The dominant language is considered to be the child's strongest language. This is usually the language spoken by the child's parents or guardians. If the child uses two languages equally well, please write both languages below.

Dominant Language(s): _____

Use this chart to help you determine your child's level of skill for each of the languages listed below.

Level	No Skills	Beginning	Intermediate	Advanced
Listening	<i>Has no listening skills in the language</i>	<i>Understands just a little</i>	<i>Understands everyday conversation and can follow basic classroom instructions</i>	<i>Understands the language almost as well as a native speaker</i>
Speaking	<i>Has no speaking skills in the language</i>	<i>Can say a few words or phrases</i>	<i>Can hold a conversation using simple English</i>	<i>Converses easily with native speakers</i>
Reading	<i>Has no reading skills in the language</i>	<i>Can read simple words or phrases</i>	<i>Can read simple books in the language</i>	<i>Can read (age appropriate) books in the language</i>
Writing	<i>Has no writing skills in the language</i>	<i>Can write simple words or phrases</i>	<i>Writes simple ideas with many mistakes</i>	<i>Independently writes ideas clearly with few mistakes</i>

To be
completed
by parent
or
guardian

English Language Skills: If your child's dominant language is not English, check the box that best describes your child's level of skill in each area listed below. Use the chart above to help you.

ENGLISH	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

Other languages: If your child speaks additional languages, fill in the chart(s) below to indicate your child's level of skill.

Language:	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

Language:	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

Language(s) spoken with the child:

Mother: _____ Father: _____

Siblings: _____ Other: _____

Please add any other information related to your child's language background that might be helpful in planning his or her programme: _____

To what extent will you be able to help your child with homework in English? (*please check one*)

Not at all	Very little	Some	Most
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Lower School student writing sample:

To be completed by the student and returned to ISL.

For students aged 8 years and above.

The purpose of this essay is to help us know you better. We are interested in knowing not only about your academic ability and your best or favourite subjects, but also about your personal interests and hobbies. For example, do you play a musical instrument? Do you enjoy sports or have any special talents? What kind of books do you like to read? Tell us about your special achievements or about places you have visited.

If you are not able or do not feel comfortable writing in English, please write in the language which you do feel most comfortable using.

Student's name: _____ Date of Birth: _____



Request for Student Records

Note to Parents/Applicants: This form is provided for your convenience to send to your child(ren)'s current school. Its use is not mandatory.

Name of student _____
(Last name) (First name)

Birthdate _____ Birthplace _____
(d/m/y)

Name and address of current school

Last date of attendance _____ Grade level _____

I hereby request that all pertinent school records, standardized test scores and evaluations for the above-named pupil be sent as soon as possible to the attention of:

Mrs. Valerie Heesen
Admissions Office
International School of Luxembourg
36, Boulevard Pierre Dupong
L-1430 Luxembourg
LUXEMBOURG

Signature of parent or guardian _____

Date _____



To be completed and signed by parent or guardian and then given to current school administrator

Academic Information Form – Grades 1 through 12
Part I – Parents’ Report

Name of Student: _____ Date of Birth: _____

Please list all of the student’s previous schools. Use an additional sheet if necessary.

Table with 4 columns: Name of school, Location, Dates of attendance, Last Grade level

Please list any extra-curricular activities in which your child has participated:

Table with 2 columns: Activity, Length of participation

What are your child’s academic strengths and weaknesses?

Blank lines for writing academic strengths and weaknesses

Does your child have any identified special learning or attentional needs? If so, please describe and attach copy of Learning Support Plan, I.E.P., assessment reports or other relevant documentation.

Blank lines for describing special learning or attentional needs

Has your child ever been promoted or considered for promotion to a grade level above their age? If so, please provide pertinent information.

Blank lines for providing information on promotion

Has your child ever been retained at a grade level for a second year? If so, please provide an explanation.

Blank lines for providing explanation of retention

I hereby authorize the release of any personal or academic information requested by the International School of Luxembourg in conjunction with the application procedure for my son or daughter and request that it be sent to the school as soon as possible.

Parent signature: _____ Date: _____

Academic Information Form – Grades 1 through 12
Part II - Confidential School Report

Name of student _____ Date _____

Current grade or level _____

How long have you known the student? _____

In what capacity? _____

A. Information Concerning Student Applicant: (please circle answer)

1. Does the student have any learning difficulties? **Yes** **No**

If yes, please explain in detail on a separate sheet and provide copies of any professional evaluations.

2. Does the student have any attention-related difficulties? **Yes** **No**

If yes, please explain in detail on a separate sheet and provide copies of any professional evaluations.

3. Have there been behavioural problems requiring special disciplinary action or specialized professional help? **Yes** **No**

If yes, please explain in detail on a separate sheet and provide copies of any professional evaluations.

4. Have there been any recommendations or offers of placement in a Learning Support Programme beyond the regular education programme? **Yes** **No**

If yes, please explain in detail on a separate sheet and attach any documentation.

5. Have there been any recommendations or offers of placement in an accelerated programme or advanced grade / level placement? **Yes** **No**

If yes, please explain in detail on a separate sheet.

6. Is the student at an age-appropriate level or above in literacy? **Yes** **No**

If no, please explain in detail on a separate sheet.

7. Is the student at an age-appropriate level or above in numeracy? **Yes** **No**

If no, please explain in detail on a separate sheet.

8. Is there anything we should know about this student – personal circumstances, special factors, obstacles – that may play a part in his or her academic achievement and social development? **Yes** **No**

If yes, please explain in detail on a separate sheet.

9. Please check the appropriate boxes.

	Excellent	Good	Fair	Below Average	Poor	Non-applicable
Academic potential						
Academic achievement						
Reading skill and interest						

	Excellent	Good	Fair	Below Average	Poor	Non-applicable
Written expression						
Oral expression						
Organisation skills						
Curiosity						
Creativity						
Reaction to criticism						
Leadership						
Self-discipline						
Independence						
Peer compatibility						
Concern for others						
Appearance						
Dependability						
Emotional stability						
Fine motor coordination						
Gross motor coordination						
Overall rating						

For secondary school students:

9. Do you consider this student to be a candidate for a rigorous university preparatory programme of studies? **Yes** **No**

On behalf of the International School of Luxembourg, thank you very much for your time and effort. The information which you have provided us is invaluable. Should we have any further questions concerning the student, we hope that you will be amenable to being contacted by us.

Name: _____

Signature: _____ Date: _____

Title: _____

School: _____

Address: _____

Telephone: _____

Email: _____

Official School Stamp:



To be completed by teacher

Confidential Teacher Recommendation
Grades 1-5
(to be returned directly to ISL)

Name of student _____ Current grade _____
 How long have you known the applicant and in what capacity? _____

How often do you have contact with the applicant? *(please check the appropriate box)*

Daily	Weekly	Occasionally
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1. Please describe your classroom environment (e.g. class size, structure, style of learning).

2. Is the applicant's general academic achievement: *(please check the appropriate box)*

Below grade / level expectations	Grade / Level appropriate	Above grade / level expectations
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3. What is the applicant's dominant language(s)? _____

4. Please assess the student applicant's standard of English, both spoken and written (if appropriate).

Ability to express him/herself _____

Written expression _____

5. Describe any particular academic strengths and/or weaknesses.

6. Please include additional information about the applicant's character, values, performance and potential as a student.

7. Have there been any disciplinary, emotional or other concerns regarding this applicant? If so, please explain on a separate sheet.

8. Please evaluate the applicant's level of the following:

	Excellent	Strong	Age appropriate	Delayed	No basis for judgment
Academic ability					
Academic motivation					
Intellectual curiosity					
Integrity					
Study habits					
Organisational ability					
Small motor skills					
Gross motor skills					
Ability to work independently					
Ability to work in a group					
General behaviour					

To be completed by teacher

	Excellent	Strong	Age appropriate	Delayed	No basis for judgment
Empathy and respect for other students					
Respect from other students					
Attentiveness / focus					
Leadership					
Self-confidence					
Maturity					

9. Please comment on the applicant's attendance.

10. Has the applicant been identified as having a learning disability or been recommended for a diagnostic evaluation or assessment?

11. Does the applicant participate in a special programme, receive programme modifications or accommodations (e.g. extended time) or receive academic or remedial support outside of school? If yes, please explain in detail on a separate sheet.

12. If the applicant's record is not a true indication of his/her ability, please explain factors that have interfered with his/her academic achievement.

13. Have the applicant's parents been supportive of the school and cooperative in working with teachers, counsellors and administrators? Please explain.

On behalf of the International School of Luxembourg, thank you very much for your time and effort. The information which you have provided us is invaluable. Should we have any further questions concerning the student, we hope that you will be amenable to being contacted by us.

Name: _____

Signature: _____ Date: _____

Title: _____

School: _____

Address: _____

Telephone: _____

Email: _____

Official School Stamp: