



**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**

\_\_\_\_\_

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***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

<b>Student has or has had any of the following conditions, if so please explain with dates</b>
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

<b>Immunisation History (<i>PLEASE ATTACH A COPY OF IMMUNISATION RECORD</i>)</b>	
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
<b>Listening</b>	<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>
<b>Speaking</b>	<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>
<b>Reading</b>	<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>
<b>Writing</b>	<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
<b>Listening</b>				
<b>Speaking</b>				
<b>Reading</b>				
<b>Writing</b>				

**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
<b>Listening</b>				
<b>Speaking</b>				
<b>Reading</b>				
<b>Writing</b>				

Language:	No Skills	Beginning	Intermediate	Advanced
<b>Listening</b>				
<b>Speaking</b>				
<b>Reading</b>				
<b>Writing</b>				

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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**Upper School student writing sample:**

**To be completed by the student and returned to ISL.**

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, about places you have visited, people or events that have influenced you. Do you have any particular ambitions or goals? What do you hope to get out of your education in general and at ISL in particular? These are just some suggestions but please write freely about yourself and be as specific as possible. Attach an extra sheet if you need more space.

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:

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.

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

To be completed by school administrator and sent directly to ISL

	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 a teacher and returned directly to ISL

## Confidential Teacher Recommendation

English or Social Studies Teacher

Name of Student \_\_\_\_\_ Current Grade Level \_\_\_\_\_

**Applicant:** Complete the information above and give this form to your English or Social Studies teacher along with a stamped envelope addressed to the Upper School Principal of the International School of Luxembourg.

**Teacher :** The International School of Luxembourg is an independent, co-educational college and university preparatory day school offering girls and boys in pre-school through grade 12 an educational programme of excellence in the international community of Luxembourg. Your recommendation is an important part of our evaluation and placement of this student, and we would therefore appreciate your thoughtful assessment of his or her intellectual and personal qualities. Your comments will remain confidential and will not become a part of the student's permanent record.

*Thank you for your time and effort.*

Date : \_\_\_\_\_

### ACADEMIC WORK

How long have you known this applicant, and in what capacity? \_\_\_\_\_

Compared to all students this age with whom you have dealt, please rate the candidate in the following areas:

#### ACADEMIC

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Insufficient Evidence
Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### PERSONAL QUALITIES

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Insufficient Evidence
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



To be completed by a teacher and returned directly to ISL

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Insufficient Evidence
Enthusiasm for Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATION**

I recommend this candidate for admission to the International School of Luxembourg

	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommended
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-all recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments regarding the academic and personal qualities of this student:

\_\_\_\_\_

\_\_\_\_\_

Your Name (please print) \_\_\_\_\_ Position, Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ School Telephone ( ) \_\_\_\_\_

Official school stamp:



To be completed by a teacher and returned directly to ISL

## Confidential Teacher Recommendation

Math or Science Teacher

Name of Student \_\_\_\_\_ Current Grade Level \_\_\_\_\_

**Applicant:** Complete the information above and give this form to your current Mathematics or Science teacher along with a stamped envelope addressed to the Upper School Principal of the International School of Luxembourg.

**Teacher :** The International School of Luxembourg is an independent, co-educational college and university preparatory day school offering girls and boys in pre-school through grade 12 an educational programme of excellence in the international community of Luxembourg. Your recommendation is an important part of our evaluation and placement of this student, and we would therefore appreciate your thoughtful assessment of his or her intellectual and personal qualities. Your comments will remain confidential and will not become a part of the student's permanent record.

*Thank you for your time and effort.*

Date : \_\_\_\_\_

### ACADEMIC WORK

How long have you known this applicant, and in what capacity? \_\_\_\_\_

Compared to all students this age with whom you have dealt, please rate the candidate in the following areas:

#### ACADEMIC

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Insufficient Evidence
Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### PERSONAL QUALITIES

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Insufficient Evidence
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



To be completed by a teacher and returned directly to ISL

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Insufficient Evidence
Enthusiasm for Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATION**

I recommend this candidate for admission to the International School of Luxembourg

	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommended
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-all recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments regarding the academic and personal qualities of this student:

\_\_\_\_\_

\_\_\_\_\_

Your Name (please print) \_\_\_\_\_ Position, Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ School Telephone ( ) \_\_\_\_\_

Official school stamp:



To be completed by school administrator

## Secondary School Record Credit Review

For student applicants in grades 9 through 12

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Nationality \_\_\_\_\_

Current High School: \_\_\_\_\_

Address: \_\_\_\_\_

Year of Entry \_\_\_\_\_

Number of credits required by your school for a high school diploma: \_\_\_\_\_

Number of secondary school credits required in each area (grades 9-12)

- English \_\_\_\_\_
- Languages \_\_\_\_\_
- Science \_\_\_\_\_
- Social Sciences \_\_\_\_\_
- Mathematics \_\_\_\_\_
- Other: \_\_\_\_\_

Grading System (e.g. 4.0 scale) \_\_\_\_\_

Minimum passing grade: \_\_\_\_\_

# credits required to receive a high school diploma: \_\_\_\_\_

*Number of credits earned by the student to date at your school:*

Grade	English	Math	Science	History/SS	Language	Language	Other
9							
10							
11							
12							

**TOTAL CREDITS EARNED** \_\_\_\_\_

If available, please submit a school profile. Thank you very much.