



# International School of Stavanger

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Office Use Only	
Bus	
Grade	
Pay	
Support	
EAL	
Records	
Stud ID.	
Fam Code	
Rev. 26.02.08	

## APPLICATION FOR ADMISSION

### GRADES K-12

Complete school records & transcripts must be received before admission is final.

Priority for admission is for students paying the company tuition rate.

Child's Last Name		First Name		Middle Name	Intended Grade
Date of Birth (D/M/Y)	Norwegian Personal Identity/D Number	Sex (Please circle)	Citizenship	Intended Starting Date (D/ M/ Y)	
/ /		M / F			
Will your child be riding the school bus?		Please circle	Yes /No		
Primary spoken language(s)			Other languages		
Mother's\Guardian's Name		Citizenship(s)	Father's\Guardian's Name		Citizenship(s)
Current Contact Address (Please print)			Please circle municipality ( <i>Kommune</i> ) (if known)		
			Stavanger Sola Sandnes Randaberg Other:		
			Home Telephone	Mother's Mobile Telephone	Father's Mobile Telephone
Postcode		Place		Home Email	
Has your child received speech/language therapy?		Please Circle	If you have answered YES to a question, please specify below:		
		Yes /No			
Has your child received learning support or special needs services?		Yes /No			
Does your child have a documented learning need?		Yes /No			
Does your child take any medications and/or have any special health needs		Yes /No			
How would you rate your child's spoken English?		Fluent/Limited Weak/None			
How would you rate your child's written English?		Fluent/Limited Weak/None			
NAME & ADDRESS OF SCHOOL(S) ATTENDED OVER THE PAST 3 YEARS		Grade	Contact Name		Years Attended
Is permission granted to contact these schools?		Please Circle	Yes /No		
NAME & GRADE OF SIBLINGS ATTENDING ISS		Name			Grade
Name		Grade	Name		Grade
<b>INVOICING INFORMATION</b>			Company/Sponsor		
Name/Contact				Work Telephone	
Address					
Postcode & Place		Work Email			

Signature of Parent or Guardian

Date

ISS Director's Signature

Date