



International School of Stavanger

Application for Admission

Maternelle, Pre-School - Grade 12

Learning. Well-being. Community.

- For Office Use Only:
- Application fee
 - School records / supplements
 - Grade placement _____
 - Internal review _____
 - Principal approval _____
 - Director approval _____
 - Starting date _____
 - Invoice date _____

ISS provides an internationally-accredited, engaging and challenging English-language education in a supportive, multi-cultural environment where students have the opportunity to fulfill their potential. Our vision is to inspire a community of responsible, globally-engaged, empowered learners.

General Applicant Information

All information is treated confidentially by ISS staff. Please type or use block capital letters.

Last Name/Surname: _____ First Name: _____ Middle Name: _____

Preferred First Name: _____ Birthdate: ___/___/___ Sex: M / F Person Number: _____
D M Y

Nationalities: 1) _____ 2) _____ 3) _____ EU/EEA Non EU/EEA

Intended Start Date: ___/___/___ Intended ISS Grade: _____ Current Level (specify grade or year): _____
D M Y

Siblings:

Name: _____ Birthdate: ___/___/___ At ISS? Yes No Applying

Name: _____ Birthdate: ___/___/___ At ISS? Yes No Applying

Name: _____ Birthdate: ___/___/___ At ISS? Yes No Applying
D M Y

Family Information

Student's Address: _____ City: _____

Postcode: _____ Country: _____ Municipality: _____

Mother/Guardian Full Name: _____ Primary E-mail: _____

Nationality: _____ First Language: _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Father/Guardian Full Name: _____ Primary E-mail: _____

Nationality: _____ First Language: _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Applicant lives with: Mother Yes No / Father Yes No / Other (Name/Relationship): _____

School History & Information

Complete student records (three years) must be provided to ISS before admission can be offered.

Current School: _____ Attended from: ___/___/___ to ___/___/___
D M Y D M Y

Current Year / Grade (circle): _____ Years Attended: _____ Language of Instruction: _____

Address: _____ Phone: _____ Contact: _____

Previous School #1: _____ Attended from: ___/___/___ to ___/___/___

Previous School #2: _____ Attended from: ___/___/___ to ___/___/___

Language Fluency & Proficiency

List the child's languages (starting with his/her first language) and level (N: None, M: Minimal, C: Conversational, F: Fluent).

Language spoken with: Mother: _____ Father: _____ Siblings: _____ Other: _____

Languages studied in school: _____

If the applicant speaks a language other than English at home, please complete this section.

Has the applicant studied in English? Yes No Please indicate years and hours/week: _____

Has the applicant received EAL/ESL? Yes No Please indicate years and hours/week: _____

Language	Understand	Speak	Read	Write	% of Use at Home
1.					
2.					
3.					

Level of proficiency in English: Beginner Lower intermediate Upper intermediate Advanced Fluent

Additional Applicant Information

Child's interests and hobbies: _____

Please describe any academic, social or emotional or behavioral issues that affect the applicant at school or home:

Has the child ever received:

- Learning support Occupational therapy Speech and language therapy Physical therapy
 Counseling Psychological assessment A diagnosed learning disability Special needs support

Please clarify (enclose notes as necessary): _____

Please provide any relevant medical diagnoses, reports of testing and/or therapy with this application.

Invoice Information

Private Applicant Company/NATO Sponsorship Sponsor: _____ Division: _____

Contact: _____ Address/City: _____ Postcode: _____

Telephone: _____ E-mail: _____ Notes: _____

Signature

I declare all information provided is correct and understand that false information could result in withdrawal from ISS.

Parent/Guardian Signature: _____ Date: ____/____/____ Please send to admissions@isstavanger.no.

ISS Signatures of Application Approval

Principal _____ Date _____ Director _____ Date _____