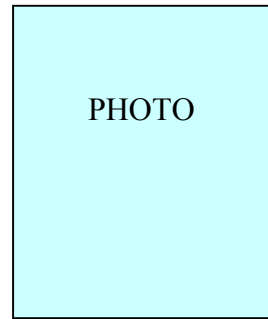


International School of Stuttgart Application for Admission

For the School Year 2010 - 2011

Grade applying for _____

If you wish to enroll your child in our
Sindelfingen Campus BaSICS, please tick



Student's Family Name _____

First Name(s) _____

Expected Entry Date (DD/MM/YY) _____

Expected Length of Stay _____

Date of Birth (DD/MM/YY) _____

Place of Birth _____

Nationality _____

Male Female

PERMANENT ADDRESS IN STUTTART

Street _____

Town _____

Home Tel _____

EMERGENCY CONTACT IN STUTTART

Name _____

Telephone _____

EMAIL ADDRESS FOR SCHOOL CORRESPONDENCE

ADDRESS FOR IMMEDIATE CORRESPONDENCE

Address _____

Address _____

Post Code/City _____

Country _____

Telephone _____

FOR OFFICE USE ONLY

IN DATE: _____

- | | |
|--|--|
| <input type="checkbox"/> code | <input type="checkbox"/> Siblings at ISS |
| <input type="checkbox"/> medical form | <input type="checkbox"/> EAL |
| <input type="checkbox"/> schedule of Fees | <input type="checkbox"/> TAXI |
| <input type="checkbox"/> student records | <input type="checkbox"/> |
| <input type="checkbox"/> immun | |
| <input type="checkbox"/> app. to principal | _____ |
| <input type="checkbox"/> placement ok'd by | _____ |
| <input type="checkbox"/> letter-wait.list | _____ |
| <input type="checkbox"/> letter-accept. | _____ |
| <input type="checkbox"/> Reg. Fee paid | _____ |

PREVIOUS SCHOOLS (Please list **ALL** schools attended)

Name Of School	City/Country	Grades attended	Language of Instruction

SIBLINGS

Family Name	First Name	Date of Birth	Current School

PARENTS / GUARDIANS

Father / Guardian		Mother / Guardian	
Family Name		Family Name	
First Name		First Name	
Nationality		Nationality	
Occupation		Occupation	
Mobile Tel:		Mobile Tel:	
Email Address		Email Address	

EMPLOYMENT DETAILS/FATHER

EMPLOYMENT DETAILS/MOTHER

Employer's Name		Employer's Name	
Address		Address	
Work Tel:		Work Tel:	

INVOICE ADDRESS (must be completed)

Name _____	Payment will be made by:
Address _____	Self <input type="checkbox"/>
_____	Company <input type="checkbox"/>
_____	Self and later reimbursed by company <input type="checkbox"/>

STUDENT BACKGROUND INFORMATION (1)

Student's Name _____ Grade _____

Child's dominant Language _____ is spoken at home YES NO

(Note :The dominant language is considered to be the child's strongest language. This is actually the language spoken with the parents or guardians.)

Language spoken with mother _____ with father _____

Do you think your child will need English Language Support (EAL) YES NO

If your child has never been in an English-medium school, please answer the following questions;

Has your child had English lessons? YES NO

If yes, for how long? _____ How often? _____

If your child's dominant language is not English or German, he or she should have some instruction to continue developing the dominant language while living in Germany. What plans do you have to ensure that your child's dominant language continues to develop? (For example: Saturday school, private tutoring, online courses etc...)

*Please use the following table as a guideline in assessing you child's language skills

*Level	No Skills	Beginning	Intermediate	Advanced
Listening	Has no listening skills in the language	Understands just a little bit	Understands everyday conversation and can follow basic classroom instructions	Understands the language almost as well as a native speaker
Speaking	Has no speaking skills in the language	Can say a few words and sentences	Can hold a conversation using simple language	Converses easily with native speakers
Reading	Has no reading skills in the language	Can read simple words or sentences	Can read simple books in the language	Can read grade level appropriate books in the language
Writing	Has no writing skills in the language	Can write simple words or sentences	Writes simple ideas with many mistakes	Independently writes ideas clearly and has essay writing experience in the language

If your child's dominant language is **not English**; check the box which best describes each skill level:

If your child's dominant language is **not German**; check the box which best describes each skill level:

ENGLISH	No skills	Beginning	Intermediate	Advanced	GERMAN	No skills	Beginning	Intermediate	Advanced
Listening					Listening				
Speaking					Speaking				
Reading					Reading				
Writing					Writing				

Other languages your child uses:

Language	No skills	Beginning	Intermediate	Advanced	Language	No skills	Beginning	Intermediate	Advanced
_____					_____				
Listening					Listening				
Speaking					Speaking				
Reading					Reading				
Writing					Writing				

STUDENT BACKGROUND INFORMATION (2)

Has your child ever been identified with learning difficulties or special needs? Yes No

If yes, please give details _____

Has your child ever received learning support? Yes No

If yes, please give details (type and frequency of support)

Has your child ever been involved in disciplinary action taken at school? Yes No

If yes, please give details _____

Does your child have any physical disabilities? Yes No

If yes, please give details _____

In order to enable us to ensure that we are able to provide your child with the level of support he/she requires, please answer the following questions:

Has your child ever had management from any of the following healthcare professionals? (please tick where appropriate).

Child psychologist Child psychiatrist Occupational Therapist

Neurologist Speech Therapist Audiologist

If you answered yes to any of the above, please provide further details

Permission

If you do not give permission for your child to participate in any supervised, short walking **field trip** out into the local community, please tick here

If you do not give permission for your name, address and telephone number to be printed in the **ISS Family Directory**, please tick here

If you do not authorize the use of **photographs** and/or other digital materials including your child's voice or picture to be used for school and/or promotional materials, please tick here

Transition to local State schools We cannot give a legally binding authorization but we can give an informal recommendation to students. Local State schools reserve the right to request that the child sit an exam before being offered a placement.

“Schulpflicht” As residents of Baden-Württemberg, families are obliged to contact the local school authorities in order for their child to be released from the obligation to attend a local State school.

Omission of pertinent information relevant to the acceptance of the student may result in the cancellation of an offer of acceptance or continued education. Pertinent information includes any known psychological or learning condition, disciplinary action taken at other schools or a request to parents to withdraw their child from another school.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

International School of Stuttgart
Code of Behavior – Signature Form

Student's Last Name

Student's First Name

Grade

Our Code of Behavior was developed by a committee whose members represent the school's main contributors to education: parents, teachers and administrators. The committee took great care to develop a Code of Behavior that reflects genuine concern for the positive academic, social and emotional development of our students and adheres to German law. This was done in close coordination with the school's legal advisors.

In order to ensure the safety and welfare of all of our students please review the attached documents with your child and sign and return the acknowledgement on this page.

I hereby fully accept all school Rules, Regulations and Policies, as set out in the enclosed International School of Stuttgart - Code of Behavior, Drug Policy, Smoking Policy and Alcohol Policy, and Computer Usage Policy. I have reviewed these school Rules, Regulations and Policies with my child.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian
(or student if over 18 years)

Date

International School of Stuttgart

Student Medical Form

Male Female

Students Last Name _____ First Name _____

Last country of residence _____ Date of Birth _____

Please check "No" or "Yes" and give approximate date if your child has had any of the following.				Please check "No" or "Yes" if your child has had any of the following. If "Yes", please give details in the space below.		
	No	Yes	Date		No	Yes
Chicken Pox				Asthma		
Whooping Cough				Allergies		
Rubella (German Measles)				Diabetes		
Tuberculosis				Epilepsy		
Mumps				Fainting		
Pneumonia				Heart Trouble		
Tonsillitis				Menstrual Problems		
Operations (give details below)				Hearing Difficulty		
Serious Injury (give details)				Vision Difficulty		
Frequent Colds				Speech Difficulty		
Frequent Ear Infection				Concentration Difficulty		
				Behavior Problems		
				Other		

As children sometimes become ill at school with headaches, colds, hay-fever, menstrual cramps, toothaches, etc., our school nurse has a small supply of non-prescription medicines available to relieve annoying symptoms. If you wish your child to receive these should he or she feel the need, please check the appropriate boxes below.

I authorize the school to administer non-prescription medicine to my child as appropriate. Yes No
 If you would like to be informed first, please tick here Yes

Is your child currently under medical care or routinely taking medication? Yes No
 If yes, please describe below.

Is there any reason for your child to have restricted physical activity? Yes No
 If yes, please describe below.

Has your child had his/her vision/hearing checked in the last 6 months?

a) Vision Yes Date _____ No
 b) Hearing Yes Date _____ No

If there anything else we should know about your child's health, please comment below. Yes No

Immunizations: Please attach a photocopy of your child's immunization record

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____



REQUEST FOR THE RELEASE OF INFORMATION FROM PREVIOUS SCHOOLS

EINWILLIGUNG ZU SCHÜLER AUSKÜNFTE VON VORHER BESUCHTEN SCHULEN

I authorize the International School of Stuttgart to request information from my child's previous schools.

Ich erteile der Internationalen Schule Stuttgart die Erlaubnis Auskünfte von vorhergehenden Schulen über mein Kind einzuholen.

Child's Name/ *Name des Kindes*

Grade / *Klasse*

Signature of Parent/Guardian / *Unterschrift Eltern / Erziehungsberechtigte*

Date / *Datum*

Signature of Parent/Guardian / *Unterschrift Eltern / Erziehungsberechtigte*

Date / *Datum*

INTERNATIONAL SCHOOL OF STUTTGART
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Fax: 0711 76960010