



Please attach photo here

Personal data - child

Family name
First name
Birth date
Sex
Nationality
Place of birth
Proposed date of entry
Does the child have brothers/sisters in (or applying to) the school? Give names

Home address

Street
City
Postal code
Country
Home Telephone
Home E-mail
Student E-mail

Personal data - family

Parent/Guardian last name
First name
Relationship to child
Nationality
Languages spoken
Employer
Position/function
Address
Mobile telephone
Business telephone
Personal E-mail
Business E-mail

Parent/Guardian last name
First name
Relationship to child
Nationality
Languages spoken
Employer
Position/function
Address
Mobile telephone
Business telephone
Personal E-mail
Business E-mail

How did you hear about ISA? Employer/Business contact ISA website ISA family Other:

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Date received
Grade apply
Year of entry
Starting date
Family ID
Invoice to

## Language

Mother tongue (first language) ..... How many years of school has your child had in this language? .....

What language(s) does your child speak at home: .....

To parents/guardians ..... To brothers/sisters .....

To grandparents ..... To care givers .....

What language(s) are spoken to your child:

By parents/guardians ..... By brothers/sisters .....

By grandparents ..... By care givers .....

Which languages is your child studying at school? .....

## English as an Additional Language (EAL)

Please complete the following section if your child and family usually speak a language other than English at home.

Has your child studied English?  Yes / No  Please indicate years and hours per week: .....

Has your child ever received EAL/ESL support?  Yes / No  Please indicate years and hours per week: .....

## Schooling history

Present School ..... Dates attended ..... Grade(s) .....

Address ..... Language of instruction .....

Telephone .....

Previous School 1 ..... Dates attended ..... Grade(s) .....

Address ..... Language of instruction .....

Telephone .....

Previous School 2 ..... Dates attended ..... Grade(s) .....

Address ..... Language of instruction .....

Telephone .....

What are your child's extra-curricular interests/hobbies? .....

Has your child ever experienced any academic, social, emotional or behavioural difficulties in school?  Yes / No

If yes, please explain: .....

Has your child ever received or been recommended for extra support in or outside of school?  Yes / No

If yes, please explain: .....

Has your child ever received:

Counselling	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Physical Therapy	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Psychological assessment	<input type="checkbox"/> Yes / No <input type="checkbox"/>	Speech and Language Therapy	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/> Yes / No <input type="checkbox"/>		

If you have answered yes to any of the above, please include reports of testing and/or therapy.

I declare that all information provided is correct and understand that false, inaccurate or misleading information could result in the student's withdrawal from school.

Signature of Parent or Guardian ..... Date .....

**Please return this application to:**

The Admissions Office, International School of Amsterdam, PO Box 920, 1180 AX Amstelveen, The Netherlands. Tel. +31 (0)20 347 1111 - Fax: +31 (0)20 347 1105 - admissions@isa.nl

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Interview date ..... Family ID .....

Grade placement ..... Invoice number .....

Starting date ..... Invoice date .....

Approved by Head of School ..... Bus .....