

ADMISSIONS

END OF YEAR – RELEASE OF INFORMATION FORM

LOWER SCHOOL OFFICE (Kindergarten – Grade 5)

Parent or Guardian

Please complete this form and take it to the registrar or office at your child's current school. It is important that we have complete records for your child.

APPLICANT'S NAME

APPLYING TO GRADE

This student has applied for admission to the International School of Amsterdam (ISA). I request that a copy of all school records for this school year be submitted to ISA including the end-of-year report, up-dated transcript, and standardized testing. Thank you for your assistance.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Registrar

Please complete this form and return it with copies of all school records **including end-of-year report, up-dated transcript, standardized testing, behavioural records, and Individual Education Program (IEP), if applicable.**

SCHOOL NAME

SCHOOL ADDRESS

REGISTRAR OR SCHOOL OFFICIAL'S NAME

REGISTRAR OR SCHOOL OFFICE E-MAIL

SCHOOL TELEPHONE

Student's withdrawal date: _____

Grading Scale: _____

Passing Mark: _____

Records may be emailed to ls_office@isa.nl

International School of Amsterdam

Visitor's Address: Sportlaan 45, 1185 TB Amstelveen
Postal Address: P.O. Box 920, 1180 AX Amstelveen
The Netherlands

Telephone: +31 (0) 20 347-1111 ● Fax: + 31 (0) 20 347-1105 ● www.isa.nl