

APPLICATION FOR ADMISSION

 For the School Year

 For Grade

 Expected Entry Date

 Expected Length of Stay (if known)
Portrait
of Child**Personal Data: Child**

 Last Name

 First (Middle) Name [underline name used]

 Sex

 Date of Birth (Day/Month/Year)

 Place of Birth (City/Country)

 Nationality

 Mother Tongue

 First Language

 Other Language(s) spoken

 Current Grade
Address**Permanent Home Address in Germany**

 Street

 Zip Code

 City

 Telephone

 Fax

 Mobile

 Email

The upper address will appear in the parents directory compiled by ISH. If you do not wish to have your address, telephone number included, please indicate

For Immediate Correspondence

 Street

 Zip Code

 City

 Telephone

 Fax

 Email
Emergency Contact

 Name

 Telephone/Mobile

Child's Educational Background

Previous Schooling (Names and full addresses of all schools previously attended)

1. School	Address	Country	Grade	From	To
2. School	Address	Country	Grade	From	To
3. School	Address	Country	Grade	From	To
4. School	Address	Country	Grade	From	To
5. School	Address	Country	Grade	From	To

I/we hereby give ISH permission to contact previous schools

Has a grade/class/year ever been repeated?

Yes No

If so, please give details

Has a grade/class/year ever been skipped?

Yes No

If so, please give details

Does the child, to your knowledge, have any particular learning disabilities?

Yes No

If so, please give details

Has your child ever been involved in disciplinary action at school?

Yes No

If so, please give details

Has your child ever been assessed for, or placed in, a special educational or gifted programme, given an individual educational plan in school or referred to an external agency for support services (e.g. child guidance clinic, private tutoring, speech therapy, psychological assessments, or other?)

Yes No

If so, please give details

Are there any custody and/or guardianship issues that are relevant to the school?

Yes No

If so, please give details

APPLICATION FOR ADMISSION

Personal Data: Siblings

Also attending (or applying for) ISH

_____ Name (Last/First)	_____ Grade
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_____ Name (Last/First)	_____ Grade
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_____ Name (Last/First)	_____ Grade
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Not attending ISH

_____ Name (Last/First)	_____ Age
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_____ Name (Last/First)	_____ Age
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_____ Name (Last/First)	_____ Age
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Further Information

Do you have any relatives who are alumni of ISH?

 Yes No

_____ Name	_____ Year
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_____ Name	_____ Year
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_____ Name	_____ Year
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Will the child be using the school bus?

 Yes No

How did you hear about ISH?

I have read and understood the Schedule of Fees for the School Year _____ and if application is accepted, I agree to pay all fees when due as outlined. I am also aware that for all following school years, a re-enrolment form has to be submitted and each case will be considered depending on availability of space.

 Signed

 Date

Please return the completed form and other documents to:

International School Hamburg
 The Admissions Office
 Hemmingstedter Weg 130
 D-22609 Hamburg, Germany

Phone +49 40 883 001-0 (from outside the country)

Phone 040 883 001-0 (locally)

Fax +49 40 881 140 5

info@ishamburg.org
www.ishamburg.org
