

Instructions

A separate form should be used for each child applying for admission to ISZL. Please complete, sign and return this form with all necessary documents as outlined on page 4.

1) APPLICANT AND FAMILY INFORMATION

Applicant				
Last name:	Nationality (1):			
First name:	Nationality (2):			
Middle name:	Gender: Male Female			
Date of birth (day/month/year):	Candidate for admission to grade:			
Place of birth:	Expected date of entry to ISZL:			
Parent 1 (or guardian)	Parent 2 (or guardian)			
Last name:	Last name (if different than Parent 1):			
First name:	First name:			
Gender:	Gender:			
Nationality:	Nationality:			
First language:	First language:			
Relationship to applicant:	Relationship to applicant:			
Current address:	Current address (if different than Parent 1):			
Home telephone:	Home telephone:			
Mobile telephone:	Mobile telephone:			
Preferred E-mail:	Preferred E-mail:			
Troctica E Itali.	Tidellog E mail.			
Parents' relationship status				
Parents are: $\ \square$ married $\ \square$ partnership $\ \square$ separate	d 🗆 divorced 🗆 single			
If you checked "separated" or "divorced":				
With whom is the applicant living? ☐ Parent 1	☐ Parent 2			
Should both parents receive mailings?	☐ Only Parent 1 ☐ Only Parent 2			
Siblings of applicant	•			
Name: Age:	Current school:			
Name: Age:	Current school:			
Name: Age:	Current school:			
Name: Age:	Current school:			
2) EMPLOYER COMPANY INFORMATION				
Parent 1 business affiliation	Parent 2 business affiliation			
Employer in Switzerland:	Employer in Switzerland:			
Business title:	Business title:			
Business address:	Business address:			
Business telephone:	Business telephone:			
E-mail:	E-mail:			
Payment of school fees / Invoicing instructions				
Invoice for school fees should be sent to: \Box Parent 1 employer \Box Parent 2 employer \Box Parents \Box Other				
If "other", please specify:				



3) APPLICANT LANGUAGE(S)

Details of languages					
First language (mother tongue):	language (mother tongue): Languages spoken at home:				
Language of instruction at present school:					
Number of years your child attended a school where E	nglish is the language of	instruction:			
Other language:	Length of study:		Level reached:		
Other language:	Length of study:		Level reached:		
Other language:	Length of study:		Level reached:		
Has your child ever received English as ar	n Additional Langua	ge (EAL) supp	oort?	☐ Yes ☐ No	
If yes, please give details:					
Please note: Upon entry into ISZL your child any future assessment, it will be for the school support. Please be aware that there is an asschool to decide when a student should exit	ool to decide whether dditional cost for par the EAL programme	r your child req rticipating in th e.	uires English as an A e EAL programme. I	Additional Language (EAL) t is at the discretion of the	
4) SCHOOL INFORMATION FOR STU	IDENTS APPLYIN	IG FOR EAR	LY YEARS-GRAD	DE 12	
Please cover a minimum of 5 years where a	applicable.				
Present school					
School name:					
Address:		Current Grade:			
		Curriculum type	(e.g. British, American, IB):	
		Language of inst	ruction:		
Date attended from:		Grade level at er	nrolment:		
Are you active in present school? Parer Parer	_	Association Association		draising draising	
Previous schools					
School name (1):					
City/Country:		Curriculum type	(e.g. British, American, IB):	
Language		Language of inst	e of instruction:		
Dates attended from: to:					
Grade level at enrolment:		Grade level at de	eparture:		
School name (2):					
City/Country:		Curriculum type	(e.g. British, American, IB):	
		Language of inst	ruction:		
Dates attended from: to:					
Grade level at enrolment:		Grade level at de	eparture:		



5) PARENTS' COMMENTS ON APPLICANT		
Please list four adjectives you would use to best describe you	ur child:	
1)	2)	
3)	4)	
Please describe any areas in which your child demonstrates	a strength:	
Please describe any areas in which your child needs to impro	ove or requires support:	
Please describe any sports, artistic pursuits, hobbies or other a	activities in which your child is involved:	
Please use additional paper if necessary:		
6) SPECIALIST SUPPORT INFORMATION		
Please note: If your child requires any type of specialised educ	cational or emotional support, it is imperative	e that you make
full disclosure of his or her needs. This information will enable an appropriate programme where there is mild to moderate leafull disclosure may result in you being asked to withdraw your of first day of school, your child is diagnosed with, or is undergoin not adhere to the school's support guidelines, the school, rese	us to work in partnership with you, to prove arning support and/or counselling required. Thild from ISZL. If between completing this a ang assessment for, a learning disorder or c	ide your child with Failure to make a application and the ondition that does
Has your child ever been tested for or received any specialise (including Learning Support, Speech Therapy and Occupation		☐ Yes ☐ No
If yes, please give details:		
If yes, please indicate whether we have permission to contact	t the specialist concerned:	☐ Yes ☐ No
Name of specialist:		
Telephone:	E-mail:	
Has your child ever required support or counselling for social in or out of school?	, emotional or behavioural needs,	☐ Yes ☐ No
If yes, please give details and submit any diagnosis and/or any reports:		
7) FURTHER INFORMATION		
Please provide any other information or circumstances of whi (e.g. recent changes to family situation)	ich the school should be aware	
Please use additional paper if necessary:		

8) HEALTH AND MEDICAL INFORMATION			
Does your child have any physical disabilities?		☐ Yes	□ No
If yes, please give details:			······································
Parents are asked to complete a full medical form of currently receiving care for any physical or mental heat epilepsy, scoliosis, eating disorders, OCD, ADHD) ple Please use additional paper if necessary:	alth issues, or has done so in the past (e.g. allergie		
Does your child take any medication (e.g. ADHD, actif yes, please give details:	one, seizure, depression medication)?	☐ Yes	□ No
9) GENERAL INFORMATION			•••••••••••••••••••••••••••••••••••••••
Personal information: Parent e-mail addresses, mail ISZL password protected sites. No information is give Publication of images and/or work of students: As and sharing of that programme, images and/or work of ISZL social media sites, other school moderated sites name with the exception of the ISZL Yearbook and the	en to persons or institutions outside the school come part of our teaching and learning programme and byour child may be published online on the ISZL webes or other ISZL publications. Students will not be in	mmunity. in the docume osite, ISZL nev identified by t	entation wsletter, their full
10) COMPLETION OF THIS APPLICATION			
I hereby apply for enrolment and certify that the inform ISZL I agree to pay all fees as outlined in the ISZL Enrocontained in the ISZL Code of Conduct and the releval understand that failure to disclose any pertinent inforbehavioural issues, may result in ISZL asking me to with the information of	rolment and Fees Payment Policy. I have read and a ant Campus Handbook (see the ISZL website: www. formation pertaining to my child's previous schools	accept all stat v.iszl.ch/public	tements cations).
Please sign this completed form here:	•		
Date: Signature:			
Instructions for application process	Submitting the application		
The following items must accompany this application form:	Once all of the necessary forms and documents are Please post or e-mail them to the ISZL Admissions (•	mission,
 Signed ISZL Enrolment and Fees Payment Policy Form Copy of personal information page of the applicant's passport or birth certificate 	International School of Zug and Luzern Admissions Office Walterswil 1, 6340 Baar, Switzerland Telephone: +41 41 768 2942		
In addition to the documents listed above, the following documents must be supplied for:	E-mail: admissions@iszl.ch		
Early Years and Kindergarten Admissions: One completed Teacher Evaluation Form Copy of the applicant's last school report (if applicable)	ISZL Admissions Office use only:		
Primary School Admissions (Grades 1-5): • One completed Teacher Evaluation Form • Copy of the applicant's last school report/transcript	Date Received: Proposed Entry Date:		······································
Middle and High School Admissions (Grades 6-12): • Two completed Teacher Evaluation Forms			

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(One evaluation must be from a current Maths teacher) • Copy of the applicants last two school reports/transcript