

## 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: .....  
First name: .....  
Middle name: .....  
Date of birth (day/month/year): .....  
Place of birth: .....

Nationality (1): .....  
Nationality (2): .....  
Gender: ☐ Female ☐ Male ☐ Other .....  
Candidate for admission to grade: .....  
Expected date of entry to ISZL: .....

### Parent (or guardian) 1

Last name: .....  
First name: .....  
Gender: .....  
Nationality: .....  
First language: .....  
Relationship to applicant: .....  
Current address: .....  
.....  
Home telephone: .....  
Mobile telephone: .....  
Preferred E-mail: .....

### Parent (or guardian) 2

Last name (if different than Parent 1): .....  
First name: .....  
Gender: .....  
Nationality: .....  
First language: .....  
Relationship to applicant: .....  
Current address (if different than Parent 1): .....  
.....  
Home telephone: .....  
Mobile telephone: .....  
Preferred E-mail: .....

### Parents' relationship status

Parents are: ☐ married ☐ separated ☐ divorced ☐ partnership ☐ co-parenting ☐ single

If you checked "separated" or "divorced":

With whom is the applicant living? ☐ Parent (or guardian) 1 ☐ Parent (or guardian) 2  
Who should receive mailings? ☐ Both parents ☐ Only parent (or guardian) 1 ☐ Only parent (or guardian) 2

### Siblings of applicant

Name: .....	Age: .....	Current school: .....
Name: .....	Age: .....	Current school: .....
Name: .....	Age: .....	Current school: .....

## 2) EMPLOYER COMPANY INFORMATION

### Parent (or guardian) 1 business affiliation

Employer in Switzerland: .....  
.....  
Business title: .....  
Business address: .....  
.....  
Business telephone: .....  
E-mail: .....

### Parent (or guardian) 2 business affiliation

Employer in Switzerland: .....  
.....  
Business title: .....  
Business address: .....  
.....  
Business telephone: .....  
E-mail: .....

### Payment of school fees / Invoicing instructions

Invoice for school fees should be sent to: ☐ Parent (or guardian) 1 employer ☐ Parent (or guardian) 2 employer  
☐ Parents ☐ Other

If "other", please specify: .....  
.....

### 3) APPLICANT LANGUAGE(S)

#### Details of languages

First language (mother tongue): .....		Languages spoken at home: .....
Language of instruction at present school: .....		
Number of years your child attended a school where English 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 an Additional Language (EAL) support? ☐ Yes ☐ No

If yes, please give details: .....

.....

**Please note:** Upon entry into ISZL your child's English level may be assessed. Based on the results of the assessment, or on any future assessment, it will be for the school to decide whether your child requires English as an Additional Language (EAL) support. Please be aware that there is an additional cost for participating in the EAL programme. It is at the discretion of the school to decide when a student should exit the EAL programme.

### 4) SCHOOL INFORMATION FOR STUDENTS APPLYING FOR EARLY YEARS–GRADE 12

Please cover a minimum of 5 years where applicable.

#### Present school

School name: .....	
Address: .....	Current Grade: .....
.....	Curriculum type (e.g. British, American, IB): .....
.....	Language of instruction: .....
Date attended from: .....	Grade level at enrolment: .....

Are you active in present school? Parent (or guardian) 1: ☐ Parents Association ☐ Board ☐ Fundraising

Parent (or guardian) 2: ☐ Parents Association ☐ Board ☐ Fundraising

#### Previous schools

School name (1): .....	
City/Country: .....	Curriculum type (e.g. British, American, IB): .....
.....	Language of instruction: .....
Dates attended from: ..... to: .....	
Grade level at enrolment: .....	Grade level at departure: .....

School name (2): .....	
City/Country: .....	Curriculum type (e.g. British, American, IB): .....
.....	Language of instruction: .....
Dates attended from: ..... to: .....	
Grade level at enrolment: .....	Grade level at departure: .....

## 5) PARENTS' COMMENTS ON APPLICANT

Please list four adjectives you would use to best describe your 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 improve or requires support:

.....

.....

Please describe any sports, artistic pursuits, hobbies or other 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 educational or emotional support, it is imperative that you make a full disclosure of his or her needs. This information will enable us to work in partnership with you, to provide your child with an appropriate programme where there is mild to moderate learning support and/or counselling required. Failure to make a full disclosure may result in you being asked to withdraw your child from ISZL. If between completing this application and the first day of school, your child is diagnosed with, or is undergoing assessment for, a learning disorder or condition that does not adhere to the school's support guidelines, the school, reserves the right to rescind the offer of a place.

Has your child ever been tested for or received any specialised educational support?  
(including Learning Support, Speech Therapy and Occupational Therapy)

☐ Yes ☐ No

If yes, please give details:

.....

.....

If yes, please indicate whether we have permission to contact the specialist concerned:

☐ Yes ☐ No

Name of specialist:

Telephone: ..... E-mail: .....

Has your child ever required support or counselling for social, emotional or behavioural needs,  
in or out of school?

☐ 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 which the school should be aware  
(e.g. recent changes to family situation)

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 on behalf of their child when starting school. However, if your child is currently receiving care for any physical or mental health issues, or has done so in the past (e.g. allergies, asthma, diabetes, epilepsy, scoliosis, eating disorders, OCD, ADHD) please give details below.

Please use additional paper if necessary:

Does your child take any medication (e.g. ADHD, acne, seizure, depression medication)?

☐ Yes ☐ No

If yes, please give details:

## 9) GENERAL INFORMATION

**Personal information:** Parent e-mail addresses, mailing addresses and telephone numbers provided may be published on ISZL password protected sites. No information is given to persons or institutions outside the school community.

**Publication of images and/or work of students:** As part of our teaching and learning programme and in the documentation and sharing of that programme, images and/or work of your child may be published online on the ISZL website, ISZL newsletter, ISZL social media sites, other school moderated sites or other ISZL publications. Students will not be identified by their full name with the exception of the ISZL Yearbook and the password protected ISZL Virtual Learning Environment (ISZL VLE).

## 10) COMPLETION OF THIS APPLICATION

I hereby apply for enrolment and certify that the information provided is accurate, true and complete. If my child is admitted to ISZL I agree to pay all fees as outlined in the ISZL Enrolment and Fees Payment Policy. I have read and accept all statements, guidelines and policies contained in the ISZL Code of Conduct and the relevant Campus Handbook (see the ISZL website: [www.iszl.ch/about-us/news/publications](http://www.iszl.ch/about-us/news/publications)). I understand that failure to disclose any pertinent information pertaining to my child's previous schools, learning support or behavioural issues, may result in ISZL asking me to withdraw my child from the school.

► Please sign this completed form here:

Date:

Signature:

### Instructions for application process

The following items must accompany this application form:

- Signed ISZL Enrolment and Fees Payment Policy Form
- Copy of personal information page of the applicant's passport or birth certificate

In addition to the documents listed above, the following documents must be supplied for:

#### Early Years and Kindergarten Admissions:

- One completed Teacher Evaluation Form. **Note:** If your child is receiving learning support, an additional Teacher Evaluation Form is required from the support teacher.
- Copy of the applicant's last school report (if applicable)

#### Primary School Admissions (Grades 1-5):

- One completed Teacher Evaluation Form. **Note:** If your child is receiving learning support, an additional Teacher Evaluation Form is required from the support teacher.
- Copy of the applicant's last school report/transcript

#### Middle and High School Admissions (Grades 6-12):

- Two completed Teacher Evaluation Forms; one evaluation must be from the current Maths teacher. **Note:** If your child is receiving learning support, an additional Teacher Evaluation Form is required from the support teacher.
- Copy of the applicants last two school reports/transcript

### Submitting the application

Once all of the necessary forms and documents are ready for submission, please post or e-mail them to the ISZL Admissions Office at:

International School of Zug and Luzern  
Admissions Office  
Walterswil 1, 6340 Baar, Switzerland  
Telephone: +41 41 768 2942  
E-mail: [admissions@iszl.ch](mailto:admissions@iszl.ch)

#### ISZL Admissions Office use only:

Date Received: