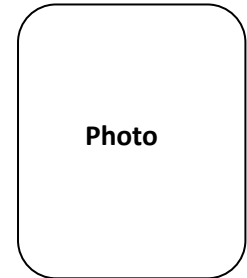


## APPLICATION FORM

This application should be returned with:

- a recent photograph attached
- copy of passport / ID
- the latest school year report in English/German
- completed teacher referral form (see addendum)
- copies of any previously administered educational tests and results



In order to reserve a place for your child we require you to complete and sign this application; have a firm written offer of a school place and send a proof of payment of the non-refundable registration fee.

### APPLICANT'S DETAILS

Last name: \_\_\_\_\_ Date of birth (day/month/year): \_\_\_\_\_  
 First name: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
 Middle name: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Gender: Male / Female  
 Requested entry date: \_\_\_\_\_ Expected length of stay: \_\_\_\_\_

### FAMILY INFORMATION

#### Father (or guardian)

#### Mother (or guardian)

Last name: _____	Last name: _____
First name: _____	First name: _____
Date of birth (day/month/year): _____	Date of birth (day/month/year): _____
Nationality: _____	Nationality: _____
Home address: _____	Home address: _____
_____	_____
Home phone: _____	Home phone: _____
Mobile phone: _____	Mobile phone: _____
E-mail: _____	E-mail: _____

EMERGENCY CONTACT : \_\_\_\_\_

#### Parent's marital status:

married  separated  divorced

If "separated" or "divorced" with whom does the child live?

mother  father

**Children in Family** (Eldest at the top, please)

Name	Date of birth/age	Intended school for siblings

**PREVIOUS EDUCATION**

Please enter most recent school first

Class	School (name/ city)	From	Until	Language

Email contact from two teachers that we can contact for background information.

\_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

If you are coming from another school/ kindergarten please ask the child's teacher to complete the teacher referral form.

**LANGUAGE PROFILE**

Mother tongue: \_\_\_\_\_ Language/s spoken at home: \_\_\_\_\_

Predominant language for thinking and expressing ideas: \_\_\_\_\_

Language of instruction at present school: \_\_\_\_\_

Number of years child attended a school where English is the language of instruction: \_\_\_\_\_

Please tick (✓) one of the options below to indicate your child's level of English

<b>Understanding</b>	Beginner	Intermediate	Advanced
<b>Speaking</b>	Beginner	Intermediate	Advanced
<b>Reading</b>	Beginner	Intermediate	Advanced
<b>Writing</b>	Beginner	Intermediate	Advanced

**Other Languages**

Orally fluent in: \_\_\_\_\_

Can read confidently in: \_\_\_\_\_ Can write confidently in: \_\_\_\_\_

Do you think your child will need extra support in English (English as an Additional Language)? Yes/ No

If yes, please comment: \_\_\_\_\_

## ADDITIONAL INFORMATION:

### Strengths and Challenges:

Student's particular interests or aptitudes at this time:

Any challenges that might discourage or hinder your child's integration or learning, at this time:

### Cultural and educational influences:

Are there any cultural or religious considerations you would like us to know about your child?

What kind of educational influences has your student been accustomed to?

Are there any social / emotional issues, at this time of change, which you would like us to take into account?

### Health provisions:

Does your child have any physical disabilities or a history of health problems (allergies, asthma, etc.)?

Please specify what provisions the school might have to have or put in place in order to accommodate your child's needs. You will be required to complete a detailed health form upon registration.

### Special Educational Needs:

Has your child ever been tested or received any specialised educational support\*? Yes/No

Has special educational/ speech/ sensory/emotional evaluation been suggested on any occasion? Yes/No

If yes to either, please describe them below and attach any relevant documentation including educational or psychological evaluations:

**\* Please note:** We refer to Special Educational Needs in the widest possible sense and we include speech therapy, occupational therapy, social /emotional counselling and any other forms of support in or outside of the classroom environment in our considerations.

All students may be given a basic screening using "Lucid COPS" or "WRAT 4" tests to give us an insight into a child's basic cognitive abilities. We use these to help us determine how best we can meet our student's needs at the earliest opportunity. If your child requires any type of specialised educational support, it is imperative that you make a full disclosure of his or her needs. This information will enable us to determine whether and how we can offer suitable support for your child. Failure to make a full disclosure may result in our asking you to withdraw your child.

## FINANCIAL REGULATIONS

### Overview of International School of Central Switzerland Fees for 2010/2011

#### Registration Fee\*

Once we have confirmed in writing the offer of a place for your child you will receive an invoice for the onetime, non-refundable registration fee per child. CHF 4'000.-

#### Tuition Fees\*

Kindergarten to Third Grade (ages 5 years to 8 years*)	CHF 23'000.-
Fourth to Sixth Grade (ages 9 years to 12 years*)	CHF 25'500.-
Extra English Support (English as an Additional Language)	CHF 2'000.-

\*Classes are allocated according to chronological age on September 1st

#### Enrolments during the School Year

<b>Students beginning After</b>	<b>And before:</b>	<b>Pay % of the Annual Tuition Fees</b>
The start of the first term	1st October	100%
1st October	1st November	90%
1st November	1st December	80%
1st December	1st January	70%
1st January	1st February	65%
1st February	1st March	60%
1st March		Additional 10% Reduction per Month

#### Tuition Fees

An invoice for annual tuition fees will be issued in August of the current academic year. Payment must be made within 30 days of receipt of this invoice. Otherwise late payment fees will be levied.

Tuition fees include books, stationery items and all mandatory curriculum trips, with the exception of:

- additional and/or replacement of lost, stolen, or damaged school materials (including personal laptops from grade 2 upwards) which are charged at the cost of replacement;
- before and after school care. Hours are charged separately in accordance with the specific arrangements for the child.
- optional transportation or meals. These are charged separately in accordance with the specific arrangements for the child.

#### Optional extras

Optional home cooked lunches are provided at Teuflibach for CHF 11.- per meal

Afterschool care can be arranged at CHF 20 per hour

Transport and various after school activities may be arranged at additional cost.

\* The school reserves the right to alter the financial regulations and the fees, as required, by giving a two month notice by the end of (a school year).

## Enrolment

Enrolment is for the entire school year and the annual fee is payable for each child enrolled. If written confirmation of withdrawal is given prior to October 31st 2010 that a child will leave the school before 31st December 2010, 50% of school fees are redeemable.

If a new student is enrolled and thereafter does not take up the place on the confirmed starting date, 25% of the annual tuition fees will be deemed payable immediately.

## Cantonal Support

Students born between June 1st. 1995 and June 1st. 2004 and who are resident in the Canton of Zug will receive a small cantonal subsidy, per child, per year. These amounts will be credited to your account unless otherwise specifically advised in writing.

## Insurance

By law, all children attending formal education in Switzerland must have their own liability, accident and health insurances. Evidence of this must be submitted before registration is complete and before a student is admitted to school.

## Re-enrolment

Students are **automatically re-enrolled** for the following academic year unless written confirmation to the contrary is received by registered mail before **April 30th** of the current school year. Thereafter if this contract is terminated 25% of the annual tuition fee will be deemed payable.

## Consent to participate fully in School activities

During the course of regular studies, students of the International School of Central Switzerland deliberately utilise many locally available human, physical and technological resources to gain the greatest benefit from our educational and social learning programme. The fulfilment of our mission and curricular expectations therefore requires that students regularly participate in activities that extend beyond the classroom walls.

By signing this declaration you give the staff of ISOCS your explicit written permission to involve your child in these varied and local opportunities.

By enrolling my child at the International School of Central Switzerland, I support its philosophy of education and curriculum, and therefore:

- I/ we give our explicit permission for our child's photographic image or schoolwork to be used anonymously for the purpose of communication, assessment and promotion.
- I/we give our explicit permission for our child to use the internet during supervised school time in order that they can complete their studies. Students using the internet out of school time are the responsibility of the parent or designated carer.
- I/ we give our explicit permission for our child to participate in local trips utilizing a short walk or a short trip on the school bus (These trips include but are not restricted to include trips to The Teuflibach "Mittagstisch" and playground, local gymnasia, the Cham swimming pool, local libraries, parks and playgrounds within the Canton of Zug). I realize that our child will travel and play under the supervision and guidance of ISOCS staff who will act in the best interests of our students in all situations, but who are not liable for accidents or injury incurred during these outings.
- We recognise that ISOCS staff will always try to contact families directly in the case of illness, injury or anomaly. However, when the situation is judged to be urgent ISOCS staff may administer any appropriate care as deemed necessary, that staff believe will benefit the well-being of your child. Our staff receives First Aid training, however ISOCS must refer to the "Good Samaritan Law" in administering first aid, without fear of legal consequence, in order to be effective in an emergency.
- I/ we give our explicit permission for our child to meet, play and exchange ideas with children and adults in our local community under ISOCS supervision, with the intention of gaining varied and expert perspectives on relevant studies and to aid integration into our Swiss community.
- I/we understand that when students are required to travel beyond our canton a letter of permission will be sent to families. Families who do not complete the form will effectively exclude their student from the curricular experience and jeopardize the completion of their learning experience.
- I/ we understand that full participation in the ISOCS curriculum is expected, and that a medical certificate is generally required in order for students to be excused from a specific lesson.



## EMPLOYER COMPANY INFORMATION

### Father's business affiliation

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Business phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Mother's business affiliation

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Business phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment of school fees / Invoicing instructions

Invoice for school fees should be sent to:  Father's employer  Mother's employer  Parents  Other

If you ticked other please specify: \_\_\_\_\_

Does your sponsoring company have a current preferential cooperative agreement with the International School of Central Switzerland Yes/No

Please comment as appropriate: \_\_\_\_\_

Please note that the parent/guardian(s) who sign(s) this declaration form is responsible for all financial matters, regardless of the billing address stated.

### Changes

The International School of Central Switzerland reserves the right to amend the fees, terms and conditions as deemed necessary.

### Governing Law and Jurisdiction

The governing law for any disputes is exclusively Swiss law. Jurisdiction is the Canton of Zug.

### Completion of the Application

I hereby apply for enrolment at the International School of Central Switzerland and certify that the information provided in this document is accurate, true and complete. If my child is offered a place at ISOCS I agree to ensure all payments as outlined above.

**Place and Date**

**Signature of parent or guardian**

Have you remembered to submit all of the required documentation as specified on page 1?

Please note that failure to disclose any relevant information pertaining to your child's learning profile may jeopardise your child's place at ISOCS.

## Addendum: Teacher Referral Form

### Parent/Guardian instructions for this form:

Please print and give this section to the referring teacher/s.

### Teacher instructions for completing this form:

The student named below is an applicant for admission to the International School of Central Switzerland. We have asked the parents to send the last two school reports and provide us with full disclosure of any educational or behavioural issues, so that we ensure that we have the appropriate programme for the applicant concerned.

The final decision on admission is taken after the teacher evaluation form and any other relevant information is received.

In most cases a minimum two day school trial is preferred.

You will best assist the student's future education by completing the form fully and honestly. We are happy to speak to you personally on +41 41 781 44 44 or at [office@internationalschoolswitzerland.ch](mailto:office@internationalschoolswitzerland.ch)

**This form is confidential.** After you have completed and signed the form please send it **directly** to our office at the address above.

Thank you very much for your time and professional consideration.

### Applicant and teacher information

Name of student: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Student's age: \_\_\_\_\_

Name of present school: \_\_\_\_\_

School address: \_\_\_\_\_

Name of teacher submitting evaluation: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Length of time acquainted with student: \_\_\_\_\_

Name of student: \_\_\_\_\_

Please evaluate the named student by checking the appropriate box

	No evidence so far	Below average	Satisfactory	Good	Excellent
Academic ability in arts related activities					
Academic ability in maths and science related activities					
Motivation to succeed in tasks					
Study habits and organization					
Self confidence					
Ability to relate well to peers					
Respect for authority					
General behaviour					
General maturity					
Ability to concentrate for reasonable periods of time					
Ability to control impulses					
Diet includes all food groups					
General auditory and visual perception					

General comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments on anything you marked below good: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In your opinion, how best can our school meet this child's individual needs? : \_\_\_\_\_  
 \_\_\_\_\_

To what extent have you found the parent/ s to be constructive in their child's school experience (please circle - 10 best)?

1      2      3      4      5      6      7      8      9      10

Any additional comments you think might be relevant about the student, family or the student's schooling:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date/ place: \_\_\_\_\_ Signature \_\_\_\_\_