



Applicant's First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

What Language Is Used Mostly At Home? \_\_\_\_\_ Religion: Muslim Non-Muslim

Currently in Grade: \_\_\_\_\_ at School (Name) \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_ School Fax #: \_\_\_\_\_

Specify The System of Current School: American British Other (specify): \_\_\_\_\_

Name of Principal or Counselor: \_\_\_\_\_

### Family Information

Father/Guardian #1 (Full Name): \_\_\_\_\_

Company Name in KSA: \_\_\_\_\_

Company Address: \_\_\_\_\_

Name of Contact In Company HR/Personnel Office \_\_\_\_\_

HR/Personnel Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian #1 Office Phone #: \_\_\_\_\_ Ext \_\_\_\_\_

Father/Guardian #1 FAX Number: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Father/Guardian #1 Email Address: \_\_\_\_\_

Father/Guardian #1 Iqama Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mother/Guardian #2 (Full Name): \_\_\_\_\_

Company Name in KSA: \_\_\_\_\_

Company Address: \_\_\_\_\_

Name of Contact in Company HR/Personnel Office \_\_\_\_\_

HR/Personnel Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian #2 Office Phone #: \_\_\_\_\_ Ext \_\_\_\_\_

Mother/Guardian #2 FAX Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Mother/Guardian #2 Email Address: \_\_\_\_\_

Mother/Guardian #2 Iqama Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Most Preferred Email Address for School Communications:** \_\_\_\_\_

Emergency Contact **OTHER THAN** parent or guardian:

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Siblings Currently Attending or Applying To An ISG School**

Name	School	Grade



Please provide recent standardized assessment results for your child. Please submit copies of the test reports as part of this application.

Test	Date Taken	Reading	Language Arts	Math	English	Science
UK National Test – Year 2		NA	NA			
UK National Test – Year 6		NA	NA			
UK National Test – Year 9		NA	NA			
Other Tests State Grade Level						
Other Tests State Grade Level						
Other Tests State Grade Level						
Other Tests State Grade Level						

Names of Previous Schools Applicant Has Attended Other Than Current School	City/Country	Curriculum (American, British, IB)	Date & Grade Enrolled	Language of Instruction

Select One

- 1. Has your child previously attended/applied to an ISG School? Yes No
- 2. Has your child repeated any grades? Yes No
- 3. Has your child ever been requested to leave school? Yes No
- 4. Has your child ever been referred to an education or school psychologist? Yes No
- 5. Has your child been enrolled in any special education program? Yes No
- 6. Has your child ever had an Individual Education Plan (IEP) as part of his/her school program? Yes No
- 7. Has your child ever been referred to a Speech Therapist? Yes No
- 8. Has your child ever been part of the UK Code of Practice- Special Needs Procedure? Yes No

If yes, what stage: Teacher Concerns      School Action      School Action Plus

- 9. Will your child require English as an additional language teaching? Yes No
- 10. Does your child have any known medical condition that requires regular treatment? Yes No

If Yes to any question above, please write which question(s) and provide full details.

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What percentage of ISG tuition does your company provide as part of your benefit?

- 0%
- 1-50%
- 51-99%
- 100%



I certify that I have read the admissions policies, and that the information provided on this application is complete and accurate. I understand that all supporting documents must be received before the school can make an admissions decision. I acknowledge that failure to disclose information may result in denial of admission or with a withdrawal of an acceptance.

I further give permission for my child’s school records to be sent and reviewed by the ISG schools. These records may include but not be limited to:

**School Records**

- Cumulative Report Cards
- Current Report Card
- Teacher Evaluations and Recommendation
- Previous Grade Placement(s)
- Standardized Test Results

**Confidential Records**

- Individual Test Results
- Psychological Reports
- Individual Medical/Health Records
- Individualized Education Plan (IEP)
- Special Education Records

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR SCHOOL USE:**

Date Received: \_\_\_\_\_

Priority: \_\_\_\_\_

Application for Grade: \_\_\_\_\_

Siblings: \_\_\_\_\_

Application ID Number: \_\_\_\_\_

**Status: Accepted:**

**Provisionally Accepted:**

**Waiting List:**

**Not Accepted:**

**Need More Information:**

**Remarks:** \_\_\_\_\_