

APPLICATION FORM

Student's name: _____
last name / surname first name(s)

Date of birth: _____
day / month / year

Girl Boy

Latvian personal code number (if applicable): _____

Student's nationality: _____ Student's ethnicity(optional): _____

I wish my child to start his/her education at ISR on the following date: _____
day / month / year

I/We wish to enroll our child at ISR because: _____

PARENT/GUARDIAN INFORMATION	
MOTHER (or guardian) Last name/surname:	FATHER (or guardian) Last name/surname:
First name (s):	First name (s):
Workplace:	Workplace:
Phone numbers:	Phone numbers:
e-mail:	e-mail:
Address in Latvia:	
Address in home country:	

THIS PART IS FOR ISR ADMINISTRATION ONLY				
Student's latest school report available in English (for entry into grade 2 and above):				
Planned starting date:	Child's birth date:	Entrance into ISR's grade level:	No of days:	
			M	T
			W	T
			F	
Available space:	Planned group:	Class Teacher(s):	EAL needed:	SEN needed:
Director's confirmation of acceptance:		Director's Signature:	Date:	
Yes:	No:			

PREVIOUS SCHOOL EXPERIENCE INFORMATION		
My/our child is currently enrolled at (name of school):	Grade / Level:	Since (enrolment date):
Contact person (English speaking) at current school:	Current school's phone number	Current school's email:

STUDENT'S LANGUAGE PROFILE		
Started talking at age:	Child's primary language:	Child's home language(s):
Does your child read?	No:	Yes - please indicate language(s) and the age s/he started to read:
Prior language(s) of instruction / school language(s) – please indicate number of years:		
Child's knowledge of languages – please indicate language and level of fluency:		Level low ↔ fluent
I/We are interested in mother tongue support after school in the following language(s):		
Please indicate any known difficulties or concerns which may effect your child's language development:		
Any other language information or special requests:		

STUDENT'S SPECIAL EDUCATIONAL NEEDS' PROFILE		
<i>A Special Educational Need may be one or more of the following:</i> <i>Gifted and talented / Dyslexia, dysgraphia, dyscalculia, / Attentional disorders / Autism spectrum / Physical disabilities / Sensory impairment / Mental health / Emotional difficulties / Chronic illnesses</i>		
Has your child ever been tested for special educational needs or learning disabilities?	No:	Yes - Please specify:
Has your child ever been diagnosed with a special educational need?	No:	Yes - Please specify the diagnosis:
Do you, as a parent, think that your child may have special educational needs?	No:	Yes - Please specify:
Have any of your child's previous teachers ever expressed a concern about your child possibly having a special educational need?	No:	Yes - Please specify:

If our child is accepted at ISR we will pay tuition in: 1 2 4 8 installments (indicate one)		
Please address invoices to:		
NAME:	ADDRESS:	Email:

If your child will be regularly dropped off or collected by a nanny/babysitter/grandparent, please give details:		
NAME:	PHONE NUMBER:	Regular pick-up times if any:

With this signature I/we assure that I/we have read and understood the above information and that I/we have provided ISR with true and accurate information concerning my/our child:		
I/we understand and agree that:		
<ol style="list-style-type: none"> 1. payments must be made by 5th of the month; 2. no deductions will be made if a child is away from school due to holidays or illness; 3. failure to pay without prior agreement with the school will result in my child being refused entry until debts are settled; 4. in the event of outstanding debts ISR reserves the right to submit the case of debt collection to a third party of its choice and I will be responsible for covering the associated costs; 5. if my child leaves before the end of the school year the ISR refund policy will be applied; 6. teaching staff regularly take all children outside for recreation. 7. for Early Years and KG school is open from 08:00 until 15:15 with extended day until 16:00 if child attends after-school activities; 8. by enrolling our child at ISR we understand that all community members are expected to conduct themselves in a manner consistent with the ISR Mission statement: "We are a respectful, learning-focused community where each student is inspired to achieve his or her potential and to become an ethical, confident and internationally-minded citizen of tomorrow". 		
Parent / Guardian name and signature	Parent / Guardian name and signature	day / month / year

Your child will be officially enrolled at the International School of Riga when the **Membership Fee** has been paid. If you do not complete the enrollment process by the date indicated, this application is no longer valid.

I/we discovered ISR from: Internet, Friends, Other (please indicate): _____