



## APPLICATION FOR ADMISSION

Full name of student (as shown on passport):

last name \_\_\_\_\_ first name \_\_\_\_\_ middle name \_\_\_\_\_ preferred name/nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F 1<sup>st</sup> nationality (by passport) \_\_\_\_\_  
D/M/Y

Personal ID number\* \_\_\_\_\_ 2<sup>nd</sup> nationality (by passport) \_\_\_\_\_

Proposed grade of entry to school \_\_\_\_\_ Proposed date of entry to school \_\_\_\_/\_\_\_\_/\_\_\_\_  
D/M/Y

Estimated Arrival Date in Latvia \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated number of years you plan to stay in Latvia \_\_\_\_\_  
D/M/Y

Current address/phone \_\_\_\_\_  
(street, building, apartment, city, state, zip code, home phone)

Address in Latvia/phone \_\_\_\_\_  
(street, building, apartment, city, state, zip code, home phone)

FATHER	MOTHER
Full name:	Full name:
ID number*/Birth date:	ID number*/Birth date:
Nationality:	Nationality:
First language:	First language:
Mobile phone:	Mobile Phone:
E-mail address:	Email address:
Lives with applicant: Yes ___ No ___	Lives with applicant: Yes ___ No ___
Employer:	Employer:
Position:	Position:

Other children in the family

Full name	Age	Current school/location	Current grade	Applying to ISL
				Yes ___ No ___
				Yes ___ No ___
				Yes ___ No ___
				Yes ___ No ___

\*For citizens and permanent or temporary residents of Latvia, assigned by the Office of Citizenship and Migration Affairs of Latvia.

**Please return to the Admissions office at the International School of Latvia**

Meistaru iela 2, Pinki, Babites pag. Babites nov. LV 2107 Latvia, Telephone: +371-67755146; Fax: +371-67755009; [admissions@isl.edu.lv](mailto:admissions@isl.edu.lv); [www.isl.edu.lv](http://www.isl.edu.lv)



**SCHOOL EXPERIENCE INFORMATION:**

The number of years of education the student has already successfully **completed** \_\_\_\_\_ (Only completed years please)

School/location where child is currently enrolled:	Enrolled since:	Current grade level:
School's web page address:	Name of the contact person (English speaking) at that school:	
School contact name, e-mail address:	School's phone and fax numbers:	

Other schools attended by the applicant over the past five years:

School/location	Grade(s) completed	Dates attended	Language of instruction
		to	
		to	
		to	
		to	
		to	

**STUDENT'S LANGUAGE PROFILE:**

Child's mother tongue:	Started talking at age:	Language(s) spoken at home:		
Does your child read?	Yes__ No__	If yes, please indicate language(s) and the age s/he started to read:		
Number of previous years of instruction in English:				
Prior language(s) of instruction / school language(s) – please indicate number of years:				
Please indicate any known difficulties or concerns which may have affected your child's language development:				
What languages can the student with reasonable fluency:	understand	speak	read	write
First:				
Second:				
Third:				
Any other language information or special requests:				

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**STUDENT’S SPECIAL EDUCATIONAL NEEDS PROFILE**

*A special educational need may be one or more of the following: Gifted and talented / Dyslexia, Dysgraphia, Dyscalculia, /Attention disorders /Autism Spectrum*

Has your child ever participated in a special education or learning support program? (gifted and talented, learning difference/disability, speech/language therapy, occupational therapy) in the last five years?	No:	Yes - Please explain and include test results or the Individualized Educational Plan (IEP):
<b>If your child has participated in a special education or learning support program, all documentation involved must be sent to the school as part of the application. The application will not be considered without it.</b>		
Has your child ever been assessed for special educational needs or learning disabilities?	No:	Yes - Please explain:
Has your child ever been diagnosed with a special educational need?	No:	Yes – Please explain:
Do you, as a parent, think that your child may have special educational needs?	No:	Yes - Please explain:
Have any of your child’s previous teachers ever expressed a concern about your child possibly having a special educational need?	No:	Yes - Please explain:

**Failure to disclose any information requested may result in the application acceptance being withdrawn.**

**STUDENT’S HEALTH PROFILE**

*Physical disabilities/ Chronic illnesses/ Sensory impairment/ Emotional difficulties*

Has the applicant required any social/emotional support in the past (death in the family, recent family changes, personal issues, etc.)?	No:	Yes - Please explain:
Does the applicant require any medical and/or physical support (mobility issues, allergies, asthma, diabetes, etc.)?	No:	Yes - Please explain:

I/We wish to enroll our child at ISL because:

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I/we have provided the International School of Latvia with true, accurate and complete information concerning my/our child, and I/we have read and understood the information below:

**I/we understand and agree that:**

1. I/we are fully responsible for paying tuition and all other fees as built by the International School of Latvia;
2. I/we have read, understood and accept the school's Admission Policy, Statutes of the Association, Parent - Student Handbook and payment/refund procedures\*;
3. if the payment or record of transfer is not received in one month after the payment is due, external debt collectors may be used, the costs of which will be billed to me/us, and my/our child will be suspended from the school. Upon availability my/our child will be re-admitted when payment is made, including late payment charge.
4. if my/our child leaves before the end of the school year the International School of Latvia refund procedures will be applied;
5. if it is determined that my/our child has special educational, emotional or social needs that the School will not be able to provide services for, as determined by the school, I/we will withdraw my child from the International School of Latvia;
6. by enrolling my/our child at the International School of Latvia I/we understand that all community members are expected to conduct themselves in a manner consistent with the International School of Latvia's Mission Statement \*\* and provisions in the Parent - Student Handbook\*;
7. upon the Admissions Committee's decision my/our child can be conditionally enrolled in the International School of Latvia. Conditions, if applicable, will be stated in the letter of conditional enrollment;
8. student images may be used in videos, photographs (last names will not be used) \_\_\_\_ yes \_\_\_\_ no.

Name of the parent / guardian who will be the member of the Association\*\*\*

Name, surname: \_\_\_\_\_

National ID number: \*\*\*\* \_\_\_\_\_ Signature: \_\_\_\_\_

**If you don't have an ID number, please indicate date of birth, identity card/passport number, date of issue, country and authority:**

Date of birth: \_\_\_\_\_ ID card/passport number: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Country of issue: \_\_\_\_\_ Authority: \_\_\_\_\_

1 <sup>st</sup> parent / guardian name and signature:	2 <sup>nd</sup> parent / guardian name and signature:	day / month / year
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\*All documents can be found on the International School of Latvia website: [www.isl.edu.lv](http://www.isl.edu.lv) , or upon request at the front desk.

\*\* "We are a community, learning for an ever changing world"

\*\*\* The International School of Latvia is an Association thus one of the parents or guardians under whose guardianship are children, registered for attendance of the International School of Latvia, has to register as a member of the Association for the period of time which their child/children is/are students of ISL.

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