The International School of Kuala Lumpur

History of Excellence since 1965

MIDDLE & HIGH SCHOOL
Jalan Kolam Air
68000 Ampang, Selangor
Phone (603) 4259 5600
Fax (603) 4257 9044

ELEMENTARY SCHOOL
Jalan Melawati 3
Taman Melawati
53100 Kuala Lumpur
Phone (603) 4104 3000
Fax (603) 4108 4166

E-mail iskl@iskl.edu.my
Website www.iskl.edu.my

APPLICATION FOR ADMISSION

STUDENT INFORMATION

☐ New student ☐ Returning student _____
Please specify the year(s) attended

Name _____ _____
Family Name *First Name* *Middle Name* *Grade Level Applying For*

Preferred Name for Student Directory _____ Gender (M/F) _____

Date of Birth _____ Place of Birth _____
MM / DD / YY *City / Country*

Nationality _____ Passport No _____ Country Issuing Passport _____

Native Language _____ Other Language(s) Spoken _____

Expected Date of Enrollment _____ Student's E-mail _____
MM / YY

I agree to have my child's E-mail available for contact from a grade-level peer helper (Grade5 – Grade12): ☐ Yes ☐ No

Will the student be residing with the parents? Father: ☐ Yes ☐ No Mother: ☐ Yes ☐ No

If No, please provide name of Guardian and relationship to student:

_____

(The student must reside with the guardian. The guardian is required to work in partnership with the school (monitor the student's attendance and inform the school if the student is absent, meet with teachers and counselors when required, etc.) He/she is responsible to notify the Admissions Office should the guardianship arrangement be changed or terminated. If the guardianship policy is not met, the student(s) may be asked to leave school.

SIBLING INFORMATION

NAME	DATE OF BIRTH mm/dd/yy	CURRENT GRADE	APPLYING TO / ATTENDING ISKL
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

FOR OFFICE USE:

Application received _____ Date to begin _____

Student ID _____ Family ID _____

STUDENT EDUCATIONAL BACKGROUND

(Please begin with the most recent school attended)

NAME OF SCHOOL	CITY/COUNTRY	** DATES ATTENDED		TYPE OF CURRICULUM (AMERICAN/ BRITISH, ETC)	LANGUAGE OF INSTRUCTION	GRADE/ STANDARD/ FORM/ YR
		From (mm/ yy)	To (mm/ yy)			

**Please indicate the *current* school's academic year from: _____ to: _____
(Month) *(Month)*

Please indicate the type of grading period your child's *current* school uses:

☐ Semester (2 terms) ☐ Trimester (3 terms) ☐ Quarter (4 terms)

ADDITIONAL INFORMATION

1. Has the student received any special academic, social, emotional support? (i.e. speech, learning disability, counseling, etc) and/or psycho-educational testing? ☐ YES ☐ NO

   1a. If yes, what type of support has the student received? _____
   (Please attach relevant reports and test results.)

2. Has the student ever repeated a grade level? ☐ YES ☐ NO
   If YES, please provide details _____

3. Has the student ever skipped a grade (double promotion)? ☐ YES ☐ NO
   If YES, please provide details _____

4. Has the student ever been in a gifted and talented or honors program? ☐ YES ☐ NO
   If YES, please provide details _____

5. Has the student ever been asked to leave a school? ☐ YES ☐ NO
   If YES, please provide details _____

6. Does the student adjust to new situations easily? ☐ YES ☐ NO
   If YES, please provide details _____

7. Has the student ever been in an English-as-a-Second-Language program? ☐ YES ☐ NO
   If YES, please specify year(s) _____

8. Does the student read for pleasure? _____ Complete Homework? _____ Show independence? _____

9. Other comments to assist the teacher: _____

_____

FOR MIDDLE AND HIGH SCHOOL STUDENT

Please list extra-curricular activities:

_____

_____

PARENT/GUARDIAN INFORMATION *(Please complete pages 3 and 4 only once per family)*

Mailing address for school correspondence ❑ Home ❑ Office _____
(If so, which parent?)

1. Information of: ❑ Father ❑ Step-Father ❑ Guardian

Title _____ Name _____ Date of Birth _____
(Mr. / Dr. /etc) *Family Name* *First Name* *Middle Name*

Nationality _____ Are you an ISKL alumnus? _____ If so, which year(s)? _____Class of _____
(Even if graduated elsewhere)

Home address (Local) _____
(If not available, you may leave this section blank. Please update us with your new address as soon as you have established your local residence)

_____ Postcode _____ Home Phone _____

Company Name (Local) _____

Parent Company _____

Office Address (Local) _____

_____ Postcode _____

Office Phone _____ Direct Line _____ Office Fax _____

Type of Industry _____ Designation/Job Title _____

Mobile Phone _____ Email _____

Is the company a U.S. affiliate? ❑ Yes ❑ No

If yes, please provide type ❑ US Government ❑ US Dept. of Defense ❑ Private Company ❑ Contracted to US Gov agency

U.S. Company Name and Address _____

_____

2. Information of: ❑ Mother ❑ Step-Mother ❑ Guardian

Title _____ Name _____ Date of Birth _____
(Mrs. / Mdm /Dr. /etc) *Family Name* *First Name* *Middle Name*

Nationality _____ Are you an ISKL alumnus? _____ If so, which year(s)? _____Class of _____
(Even if graduated elsewhere)

Home address (Local) _____
(If not available, you may leave this section blank. Please update us with your new address as soon as you have established your local residence)

_____ Postcode _____ Home Phone _____

Company Name (Local) _____

Parent Company _____

Office Address (Local) _____

_____ Postcode _____

Office Phone _____ Direct Line _____ Office Fax _____

Type of Industry _____ Designation/Job Title _____

Mobile Phone _____ Email _____

Is the company a U.S. affiliate? ❑ Yes ❑ No

If yes, please provide type ❑ US Government ❑ US Dept. of Defense ❑ Private Company ❑ Contracted to US Gov agency

U.S. Company Name and Address _____

_____

BILLING INFORMATION

Does the company above pay tuition fees: ☐ Yes ☐ No Which parent? _____

If YES, what percentage of fees does company pay? _____

Billing address: ☐ Home ☐ Office

If billing should be sent to another person/address, please provide information below:

Name _____

Address _____

_____

EMERGENCY CONTACT

In case parent/guardian cannot be reached, please provide local contact information (i.e. relative, friend, colleague)

Contact Number 1:

Title _____ Name _____
(Mr. / Mrs. / etc) *Family Name* *Given Name*

Address _____

_____

Telephone _____ Mobile Phone _____ Nationality _____

Contact Number 2:

Title _____ Name _____
(Mr. / Mrs. / etc) *Family Name* *Given Name*

Address _____

_____

Telephone _____ Mobile Phone _____ Nationality _____

PARENTAL AGREEMENT

In registering my child(ren) at the International School of Kuala Lumpur I accept the rules and regulations of the school as established by the Board of Directors and the Administration. In addition, I agree to subscribe to ISKL Online and participate in the ISKL Emergency Phone Tree.

I hereby consent to the use, taking, dissemination, reproduction, publication, recording and/or broadcasting of photos, images, video recordings of my child(ren) on the ISKL website and/or any of ISKL marketing and promotional materials.

I have provided full and accurate information for my son(s)/daughter(s) with the understanding that inaccurate, incomplete or falsified documentation may result in delay or cancellation of this application and/or denial of admission. I give permission to ISKL to obtain additional information from my child(ren)'s previous educational institution(s) if the need arises.

Signature: _____ Date: _____

Parent / Guardian

ISKL Application for Admission revised 21/06/2011