



# 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](mailto:iskl@iskl.edu.my)  
Website [www.iskl.edu.my](http://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 Principal's 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 <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

- 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.)
- Has the student ever repeated a grade level?  YES  NO  
 If YES, please provide details \_\_\_\_\_
- Has the student ever skipped a grade (double promotion)?  YES  NO  
 If YES, please provide details \_\_\_\_\_
- Has the student ever been in a gifted and talented or honors program?  YES  NO  
 If YES, please provide details \_\_\_\_\_
- Has the student ever been asked to leave a school?  YES  NO  
 If YES, please provide details \_\_\_\_\_
- Does the student adjust to new situations easily?  YES  NO  
 If YES, please provide details \_\_\_\_\_
- Has the student ever been in an English-as-a-Second-Language program?  YES  NO  
 If YES, please specify year(s) \_\_\_\_\_
- Does the student read for pleasure? \_\_\_\_\_ Complete Homework? \_\_\_\_\_ Show independence? \_\_\_\_\_
- 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 \_\_\_\_\_  
*(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) \_\_\_\_\_

Office Address (Local) \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Office Phone \_\_\_\_\_ Direct Line \_\_\_\_\_ Office Fax \_\_\_\_\_

Type of Industry \_\_\_\_\_ Designation \_\_\_\_\_

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 \_\_\_\_\_  
*(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) \_\_\_\_\_

Office Address (Local) \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Office Phone \_\_\_\_\_ Direct Line \_\_\_\_\_ Office Fax \_\_\_\_\_

Type of Industry \_\_\_\_\_ Designation \_\_\_\_\_

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 agree to have my family's name, address, e-mail address, and phone number included in the Student Directory.*

*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*