

# Application for Enrollment

*A separate application form should be used for each child applying for admission to the International School of Helsingborg. All requested documentation must accompany this application.*

International School of Helsingborg, Östra Vallgatan 9, SE-254 37 Helsingborg, Sweden  
Phone: +46 42 10 57 05 Fax: +46 42 10 20 30 E mail: ish@helsingborg.se

## Applicant Information

|  |   |  |
|--|---|--|
| Last name:   | First name:   | Gender:<br>Male <input type="checkbox"/> Female <input type="checkbox"/>   |
| Date of birth and personal Number (if known):  | Nationality:  | Languages spoken at home:  |
| Proposed starting date:  | Current class or grade:                               | Other languages spoken:  |
| Anticipated length of stay at ISH (Please refer to the admissions policy on the school website:<br><a href="http://helsingborg.se/internationalschool">http://helsingborg.se/internationalschool</a> ) | Please explain why you wish your child to attend ISH: | <i>Only for those entering MYP or DP:</i><br><br>ISH offers a foreign language in MYP. Please indicate a choice:<br><br><input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Spanish |

## Present School

|                      |   |   |
|----------------------|---|---|
| Full name of school: | Postal address:   | Telephone number:                                       |
| Date started:        | Date of departure:  | Present class:  |
| Principal's name:    | Type of curriculum: National (name of country), IB PYP, MYP | Foreign language(s) studied and length of time studied: |

## Previously Attended Schools

| Name of School | Address | Grade levels attended |
|----------------|---------|-----------------------|
|                |         |                       |
|                |         |                       |
|                |         |                       |

## Parental Comments on Applicant

|   |  |  |   |
|---|--|--|---|
| Please indicate areas where you feel your child excels: | Please indicate your child's level of English: | Please indicate your child's level of Swedish: | Please indicate areas where you feel your child needs to improve: |
|   | Beginner <input type="checkbox"/>              | Beginner <input type="checkbox"/>              |   |
|   | Intermediate <input type="checkbox"/>          | Intermediate <input type="checkbox"/>          |   |
|   | Fluent <input type="checkbox"/>                | Fluent <input type="checkbox"/>                |   |

**Parental Comments on Applicant Continued**

Does your child have any special needs? No  Yes  *If yes, please fill in the boxes below.*

|  |  |
|--|--|
| Please clarify the type of special need: | Please give a detailed description of the type of learning support given to your child in/outside the classroom: |
|--|--|

Does your child have a statement of special needs? No  Yes   
*If yes, please enclose documentation with this application.*

Has your child been assessed internally at their present or past school? No  Yes   
*If yes, please enclose documentation with this application.*

**Father (or legal guardian)**

|                    |                        |                     |             |
|--------------------|------------------------|---------------------|-------------|
| Last Name:         | First Name:            | Current Address:    |             |
|                    |                        |                     |             |
| Current Telephone: | Current Fax:           | Current E mail:     |             |
|                    |                        |                     |             |
| Name of Employer:  | Telephone of Employer: | Address of Employer | Occupation: |
|                    |                        |                     |             |

**Mother (or legal guardian)**

|                    |                        |                     |             |
|--------------------|------------------------|---------------------|-------------|
| Last Name:         | First Name:            | Current Address:    |             |
|                    |                        |                     |             |
| Current Telephone: | Current Fax:           | Current E mail:     |             |
|                    |                        |                     |             |
| Name of Employer:  | Telephone of Employer: | Address of Employer | Occupation: |
|                    |                        |                     |             |

**Siblings**

|      |     |
|------|-----|
| Name | Age |
|      |     |
| Name | Age |
|      |     |
| Name | Age |
|      |     |

**Please ensure the following documents are enclosed with the application:**

- Applicant’s last 4 school report cards and/or development plans
- Relevant Special Needs documentation (if applicable)

***This form must be signed by all of child’s legal guardians.***

**I/We have completed this form truthfully and to the best of my/our ability.**

\_\_\_\_\_  
**Father (legal guardian)                      date**

\_\_\_\_\_  
**Mother (legal guardian)                      date**