

Application for Enrollment



International School of Helsingborg

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: 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: http://helsingborg.se/internationalschool)	Please explain why you wish your child to attend ISH:	<i>Only for those entering MYP or DP:</i> ISH offers a foreign language in MYP. Please indicate a choice: <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: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/>	Please indicate your child's level of Swedish: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/>	Please indicate areas where you feel your child needs to improve:

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:
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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