| Kristiansand International School Application Form | | | |
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| Student Information | | | |
| Name (forename, family name): | | | |
| Date of birth: | Norwegian Personal Number: | | |
| Gender: Male Female | Proposed start date at KIS: | | |
| Expected length of stay in Norway: | | | |
| Home address: | | | |
| City: | Postal Code: | | Country: |
| Nationality: | Resident municipality in Norway: | | |
| Citizenship (if additional, or different to above): | | | |
| Parent/Guardian Information | | | |
| Parent name: | | | |
| Employer: | | | |
| Phone: | E-mail: | | Fax: |
| Parent name: | | | |
| Employer: | | | |
| Phone: | E-mail: | | Fax: |
| Current School | | | |
| Current school: | | | |
| School address: | | | How long? |
| Phone: | E-mail: | | www: |
| Please send a copy of your child’s report cards for the last year with the completed application form. | | | |
| Names of other schools attended: | | | |
| Educational History | | | |
| Has your child ever been tested for Special Educational Needs? | | | YES NO |
| Has your child ever been referred to counseling services in school? | | | YES NO |
| Has your child ever received extra tuition required by the school (excluding EAL)? | | | YES NO |
| If so, please provide copies of any reports completed, and details of any extra support given to the child, at school or at home, on a separate sheet. | | | |
| Language History | | | |
| Home language: | | | |
| Other language: | | Years studied: | |
| Speaking level: Native / Fluent / Intermediate / Beginner | | Reading and writing: Native / Fluent / Intermediate / Beginner | |
| Other language 2: | | Years studied: | |
| Speaking level: Native / Fluent / Intermediate / Beginner | | Reading and writing: Native / Fluent / Intermediate / Beginner | |

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| Medical History | |
| Does your child suffer from any allergies? | YES NO |
| If so, please provide details: | |
| Does your child take regular prescribed medicine? | YES NO |
| If so, please provide details: | |
| Does your child have any other medical conditions? | YES NO |
| If so, please provide details: | |
| Signatures | |
| I authorize the verification of the information provided on this form. I have received a copy of this application.  Please use this space to explain why you would like your child to attend an international school. Please include relevant information about your child’s previous schooling and your educational aspirations for your son or daughter. Information about how your child learns and your expectations and beliefs about the IB curriculum should also be included. | |
| Signature of parent 1: | Date: |
| Signature of parent 2: | Date: |