BE COMPASSIONATE
STAY CURIOUS

The International School of Kigali - ISK is a multicultural school whose core values Compassion and Curiosity. Integrity and collaboration are key to communication between parents and the school.

Application Process

1. Application form: You must complete this application to the best of your knowledge with all integrity. Once it is submitted, further edits or additions must be made by the ISK Admission Office.
2. Application checklist: You will receive an email with a personalized checklist of requirements to complete your child's application. Please note that the requirements must be received before the application is reviewed by the Admissions Committee.
3. Timeline: In school sessions the Admissions Committee will provide feedback within 5 working days upon receipt of a complete application form and requirements. In holidays the feedback will take longer.
4. ISK reserves the right to revoke an application if the information provided is found to be incorrect or incomplete.

Applicant's Information*

This form must be completed by the applicant's parent or legal guardian.

Please note that we record the child's name as it appears on the passport or birth certificate and use that name in all our records and on school documents.

Last Name (*surname*)* :	
Middle Name:	
First name*:	
Preferred name* :	
Current grade of the applicant*:	

Date of Birth*		Gender*	
Nationality*		Other Nationality	
Passport number*		Expiry date	

Grade Applying for*:			
Intended School Year To Enroll In*:		Intended Start Date*:	

Language Information*

Applicant's Mother (*primary*) Language		Other Languages	
Applicant's English Proficiency			

Applicant's Sibling information

Does the applicant have any other relatives who currently attend, have attended, or have graduated from ISK?

Yes ☐ No ☐

Is the sibling applying to ISK as well? Yes ☐ No ☐

Sibling 1

☐ Male ☐ Female

Sibling Names		Age	
Grade Level		Current School	

Sibling 2

☐ Male ☐ Female

Sibling Names		Age	
Grade Level		Current School	

Parent/Guardian Information*

The applicant must live with one or both parents/guardians in Rwanda.

Please note that anyone listed as a parent/guardian on this application form will receive all ISK communications and will be authorized as a parent/guardian for the applicant if enrolled at ISK.

If you do not yet have local phone numbers in Rwanda, leave the phone number field blank.

1. **Parent/Guardian Info**

Title		Gender	
Last Name (surname)*			
Middle Name			
First Name*			
Nationality*		Passport Expiry Date	
Employer - Organization / Company*			
Job Title/Position/Profession*			
Relationship to the applicant*			
Work Email			
Personal Email*			
Mobile Phone Number			
Mobile WhatsApp Number			

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2. Parent/Guardian Info

Title		Gender	
Last Name (surname)*			
Middle Name			
First Name*			
Nationality*		Passport Expiry Date	
Employer - Organization / Company*			
Job Title/Position/Profession*			
Relationship to the applicant*			
Work Email			
Personal Email*			
Mobile Phone Number			
Mobile WhatsApp Number			

Residential Address*

Country		State/Province		City	

How did you learn about the school*?

Financial Responsibility and Custodial Rights for the Applicant*
(Please specify if the financial responsibility is borne fully or partially by parents or guardians, etc)

Financial		Custody	

Emergency Contact* *(This information could be filled in later)*

Gender	
Last Name:	
First Name:	
Email:	
Phone number:	
Relationship to the Applicant	

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Applicant's Academic Information*
This form must be completed by the applicant's parents or legal guardian.

The applicant currently attends school or has attended school before (*including a preschool/daycare or childcare setting*)

Current School Information*
Country: Province: School email:

(Please type N/A if you child is not attending school)

School name		Curriculum Used	
Start Date		End Date	
Language of Instruction (Medium)		Other Languages Taught	
Reason for Leaving The School			

Previous School Attended* *(fill out if applicable)* From grade: To grade:

Country: Province: School email:

Name of the School			
Started Date		End Date	
Curriculum Used		Language of Instruction (Medium)	

Applicant's Health Information*

Does the applicant have any of the following health issues? Tick where applicable

☐ Allergies	☐ Diabetes	☐ Hearing impairment
☐ Seizures	☐ Meningitis	☐ Skin Problems
☐ Urinary Disorders	☐ Heart condition	☐ Respiratory

Dietary (dietary restrictions due religion, culture and/or :

☐ Lactose intolerance	☐ Diabetes diet	☐ Peanut
☐ Halal	☐ Gluten intolerance	☐ Vegan

References

For Applicants for grades PK-5, please list 1 references for: *Teacher: Applicant's current classroom/ homeroom teacher.* *Administrator: Principal, Counselor or Student Support Coordinator (if applicable)*	*For Applicants for grades 6-12, please list references for:* *Teachers: 1 for English Language Arts and 1 for Math* *Administrators: 1 Principal, 1 MS/ HS Counselor, or Student Support Coordinator (if applicable)*

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Referee's name		Years of Service	
Referee's Position		School Email	

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Referee's Position		School Email	

Referee's name		Years of Service	
Referee's Position		School Email	

Parent Questionnaire

This questionnaire will be looked at in conjunction with the content of your child's academic records. The information provided will give additional insight into your child and a better understanding of their academic abilities and needs.
Please answer all questions as completely as you can.

My Child's areas of strength at school include:*

My child's challenges at school include:*

My child' community service experiences include:*

Has your child ever received any support services?* Yes ☐ No ☐

If "yes," please select from the programs identified below:

☐ English as a second language
☐ Occupational or Language Therapy
☐ Counseling
☐ Special Education
☐ Gifted & Talented or Accelerated
☐ Educational or Psychological Testing
☐ Extra Academic Support
☐ Behavioural Support
☐ Other

If your child has been provided special services, your child's psycho-educational assessment, individualized education plan (IEP), individualized learning earning plan (ILP), or any other reports must be provided along with standardized assessment reports.

Omission or failure to disclose academic or behavioural history is cause for invalidation of the application and/or dismissal. The attended semester's fees will be forfeited.

** ISK is unable to accommodate any student with severe functional deficits (ie. toileting, feeding, behavior)
** ISK does not discriminate on the basis of race, color, religion, sex or natural or ethnic origin in its admission policy and administration of its programs.

Financial information and agreements
Primary payer responsible for tuition and fees:
☐ Parent ☐ Employer ☐ ISK Employee

Payment Options
All tuition and fees at ISK are paid in USD currency unless otherwise instructed by the *Business Office*.
After submitting all the required documents, the family should wait until the Business Office sends an official invoice. The application feel must be paid prior to the review of the applicant's file. ISK will not refund the application fees in case an applicant is not accepted in school.

Parental Agreements
Check the box to indicate that you have read and agree to the statements below:

By entering my name and submitting this application, I hereby initiate the application process for the admission of the above mentioned applicant to ISK.
☐ I authorize ISK to contact my child (ren)'s previous schools and teachers for more information if necessary.
☐ I authorize ISK to administer all testing deemed appropriate by school personnel to assess my child (ren)'s academic skills, educational needs and progress during the term of my child (ren)'s enrollment in the school.
☐ I understand that my child (ren)'s enrollment at the school is dependent upon the completeness and accuracy of the information provided in the application process.
☐ I understand that failure to fully disclose any information in relation to the admission of my child (ren) at ISK may result in denial of enrollment or possible dismissal from the school.
☐ I acknowledge that this application is incomplete without confidential information
☐ I waive my right to access my child (ren)'s confidential information contained in the referrals to be share by their school..
☐ I certify that all the information provided in this form is true, complete and accurate to the best of my knowledge.

Electronic signature

The electronic signature is treated as an original handwritten signature by ISK Admissions Office

First and Last Names	Date