



ADMISSIONS

This checklist will assist you in completing the application process in a timely manner.

1. Prior to acceptance at ISB, the Applicant must submit to the Director all of the following materials:
 - a. Copies of academic records from each school attended previously during the past two (2) years, except when children have not attended school for two (2) years - all translated into English.
 - i) Pre-School or Reception are not required to submit report, although a progress report from the child's previous program is very useful.
 - ii) Primary Year - 1 (one) must provide Reception/ Kindergarten report or equivalent.
 - iii) A Student portfolio with photocopied examples of the most recent class work is recommended.
 - b. A completed **Application Form**.
 - c. A completed **Language Intake Form**.
 - d. **ESL (English as- a Second Language) testing Date**.
 - e. **ESL result reviewed**.
 - f. A completed **Confidential Health Information Form**.
 - g. A Photocopy of the Student's Passport
 - h. A Photocopy of Father's Passport.
 - i. The **Registration Fee** for the applicable school Year (see attached).
 - j. A Letter of acceptance of school fee rates signed by the parents and by the company (parent's employer) if responsible for the payment.
 - k. Two (2) passport sized Photographs of the applicant.
2. The Director will review the applicant's previous school records and where appropriate, administer tests to determine year group/grade placement.
3. Tuition and other fees are to be paid at the ISB office.
4. The Administrative Assistant will advise parents of the student's first day of school.



THE INTERNATIONAL SCHOOL BATAM

LETTER OF ACCEPTANCE OF THE SCHOOL FEE RATES

I PARENTS OF STUDENT,
NAME:, YEAR CLASS :
ACCEPT THAT SCHOOL FEE PAYABLE SEMESTERLY (6 MONTHS) AT
LEAST AS AMOUNT OF THE RATES (ATTACHED).

I WOULD LIKE TO PAY THE FEE MONTHLY/ TERMLY /YEARLY (CROSS
THE ONE YOU WILL NOT DO IT).

SIGNED: _____
PARENTS

DATE

COMPANY NAME:.....

DATE

POSITION:.....



LANGUAGE INTAKE FORM

Please complete this form if your child's native language is not English

1. What language does the student use speaking with his/her
 1. Father? _____
 2. Mother? _____

2. Student's native language is: _____

3. What other language(s) does your child speak? _____; _____

4. Has your child ever had English lesson? Yes No
If Yes, how long? _____ Months, _____ Years.

5. Has your child ever attended school where the Instruction was English? Yes No

If yes, Please complete the following information:

Name of School	School Grade Pre-School/Reception/Primary	Date Attended	Age	Language of Instruction

For Office Use:

Date of entry ESL Program: _____ Grade at time of entry: _____

	Level 1	Level 2	Level 3
Entry Date			
Exit Date			



CONFIDENTIAL HEALTH INFORMATION FORM

Name of pupil			
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Surname

Middle

First

Sex		Date of Birth	
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Home Address		Home phone	
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Father's work phone		Mother's work phone	
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Family Doctor Phone Number		Emergency Contact Person & Phone No.	
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Health History

Please indicate whether your child has/had the following

Medical History	Yes/No	Date	Underlying cause/Follow up/Result	Medical History	Yes/No	Date	Underlying cause /Follow up/ Result
High fever				Ears/Hearing Problem			
Convulsion/Fits				Diabetes			
Epilepsy				Tuberculosis			
Loss of Consciousness				Hepatitis			
Asthma				Dengue Fever			
Allergies (Specify)				Rheumatic Fever			
Heart Problem				Pneumonia			
Eyes/Vision problem				Chronic Infections			

Immunisation History

	Immunisation	The last date of Immunisation	Comments
1	Tetanus/Diphtheria/Whooping Cough (DPT)		
2	Polio		
3	Measles		
4	Mumps		
5	Rubella (German Measles) Girls only		
6	Hepatitis		

Medication Information

Please complete if your child is currently taking medication on regular basis

Conditions	Dosage	Frequency	Special Instructions Or Indications

Notice: It is not the policy of ISB for its teachers to administer medication to students. Please make special arrangements with the office if your child needs assistance with his/her prescription.

AUTORISATION

I hereby give International School Batam permission for the following:

1. To secure emergency medical assistance for my child in the event that we (parents), our Doctor or the emergency contact cannot be reached.
2. To administer first aid and non prescription medication for my child by a designated member of The ISB staff.

I verify that all information given is true and correct

Signature of Parent

Date: _____