



INTERNATIONAL SCHOOL OF ULAANBAATAR APPLICATION FOR ADMISSION 2009/2010



The following completed documents **must be provided** at the time of registration:

- A signed Application for Admission form + ISU Profile form
- Copies of the student's last 2 years school records **in English**. Please include standardised test results and any Individual Educational Plans.
- Completed ISU Personal Information form
- Completed ISU Billing Information form
- Completed ISU Educational Information form
- Completed ISU Health Record form.
- Copy of students vaccination records
- 2 Passport photographs
- A photocopy of the child's passport or birth certificate

*All documents should be sent to: **Directly to School receptionist***

Address: Khan Uul district 1st horoo, Four Seasons Garden, UB Mongolia

Contact info: Tel: 976-70160010 / 20 Fax: 976-70160012

E-mail: reception@isumongolia.edu.mn

Students are accepted in accordance with ISU's Admission Policies such as the Contract of Enrollment between students and School.

By enrolling my child in the International School of Ulaanbaatar, I acknowledge that I have received and read the Admission Policy, the Tuition Payment Policy and the ISU Profile.

I agree to abide by the policies, By-Laws and Articles of Association of the Association and the School. I may request and receive the School By laws and Policy Manual. I understand that the mother/father names written on the ISU Personal Information Form are the specified members of the ISU Association.

If there is a change in this information, I will notify ISU in writing.

I understand that failure to abide by these policies, By-laws, and Articles of Association may result in losing the right to remain a member of the Association. ***I understand that if any of the information I have given here is false or misleading, the School reserves the right to reject the application or if my child is already enrolled, the School reserves the right to dismiss my child.***

I hereby apply for admission for my child for the period beginning: _____ / _____ / _____
Day Month Year

Grade Applied for: _____ Child's Full name: _____

Parent's Signature: _____ Date: ____ / ____ / ____

Official Guardian in Mongolia (if both parents are not resident in Mongolia while the student attends ISU): _____

If Corporate fee paying student, Company representative signature:

_____(Name & signature)

Grade Approved for: _____ Student Number: _____

Head's Signature _____ Accounts Manager _____

Director's Signature _____ Date: ____ / ____ / ____
Day Month Year

(For office use only)

Appointment date: ____ / ____ / ____ Time: _____ Director / Deputy Director

Grade: _____ Start date: ____ / ____ / ____ Signed: _____

Copied to homeroom teacher: Yes / No

Invoiced: Yes / No

Assessment and Probationary Period Ends: ____ / ____ / ____

Second Interview Required: Yes / No

Appointment date: ____ / ____ / ____ Time: _____ Director/Deputy Director

Admission: Confirmed / Denied Approved by: _____

Parents informed: ____ / ____ / ____

Admissions Criteria

Unless there are special educational, physical needs or other needs which the school cannot meet, the admission decision is based on the following criteria:

- Availability of space
- English proficiency, as determined by oral interviews, SLEP test in secondary and possibility of a writing sample
- Student's previous record cards / academic records
- Information gathered from interviews, the application form and any other anecdotal records
- Up-to-date vaccinations

In Primary and Middle schools the student's age, academic records, and Interview results are used in determining grade placement.

When necessary, further diagnostic testing may be required to aid in the admissions and placement decisions, payable by the parents.

Children will be expected to have a minimum of "Intermediate" competency in English in order to enter the regular Main school classes. Primary and Middle School –aged children with low competency in English, will be admitted to ISU on a limited basis, in such cases ESL (English as a Second Language) is compulsory.

 Comments:

	INTERNATIONAL SCHOOL OF ULAANBAATAR PERSONAL INFORMATION		(For office use only)
	Admit to: _____	Date: _____	Signed: _____
Childs Name: _____	(Family Name)	(Given Name)	
Date of Birth: / /	Sex: _____	<u>Nationality</u>	_____
Day Month Year	(M/F)	Passport & Number: _____	_____
First Language: _____	Other Languages: _____		
Home phone no.: _____	Fax no.: _____		
Email address: _____			
Physical address of Ulaanbaatar:	_____		

Father's Name: _____	(Family Name)	(Given Name)	
Native Language: _____	Other Languages: _____		
Nationality: _____	Name of Employer/Job Title: _____		
Office Phone No.: _____	Cell phone No.: _____		

Mother's Name: _____	(Family Name)	(Given Name)	
Native Language: _____	Other Languages: _____		
Nationality: _____	Name of Employer/Job Title: _____		
<u>Office Phone No.:</u> _____	<u>Cell phone No.:</u> _____		
1st Emergency Contact:			
Phone number: _____	Name: _____		
2nd Emergency Contact:			
Phone number: _____	Name: _____		
3rd Emergency Contact:			
Phone number: _____	Name: _____		

How long do you plan to live in Ulaanbaatar? _____ Years and/or _____ Months



INTERNATIONAL SCHOOL OF ULAANBAATAR HEALTH RECORD FOR:

Family Name _____

Given Name _____

Immunisation/Vaccination Records

Please attach a photocopy of your child's current vaccination records.

These must include:

- DPT (Diphtheria, Pertussis, Tetanus)
- TOPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis A or B or Both?
- BCG (Tuberculosis) - or submit evidence of freedom from active tuberculosis as shown by chest x-ray or approved intradermal tuberculin test.

NB: It is recommended that all children living in Mongolia are vaccinated for Meningitis A&C

Serious or Repeated Problems

Problem	No	Yes	Problem	No	Yes
Asthma			Glasses/contacts		
Bronchitis			Vision		
Diabetes			Hearing		
Seizures			Blood/muscles/bones		
Restricted physical education			Speech		
Kidney/bladder			Coordination or balance		

Other _____

Please explain any serious or repeated problems

Allergies

Allergy	No	Yes	Please specify
Food			
Medicine			
Other			

I will inform the school of any changes in the above information. I understand that if my child contracts an infectious disease or condition I will inform the school and withdraw my child until he/she is no longer infectious.

Parent' signature: _____

Date: ____ / ____ / ____
Day Month Year

ISU EDUCATIONAL INFORMATION

(Please answer ALL questions)

What special strengths, interests, and skills does your child have? In what extracurricular activities has he or she participated?

Was your child in any special programmes in previous schools? If yes, please describe.
(Particularly note for English language/ESL, extension programme for gifted children, remedial programme or difficulties)

Does your child have any physical and/or educational limitations or disabilities? Has your child ever been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? (Please attach Individual Educational Plans, medical reports, types of medication and additional information to explain in full.)

Are there any circumstances about your move to Ulaanbaatar that might affect your child at school?

Please describe your family configuration. For example, names and birth dates of siblings and whether siblings will live in Ulaanbaatar, etc. Where are siblings in school?



INTERNATIONAL SCHOOL OF ULAANBAATAR BILLING INFORMATION

Company or Person's name _____
/responsible for payment/

**Please tick where
applicable:**

My child is:

A new student

A returning student

My child will be attending:

Pre-school 1/2

Grades 6 to 10

KNG to Grade 5

Grades 11 to 12

My child is entitled to a sibling discount:

(Tick the box if that sibling's application already approved by the director)

Name of sibling: _____

Grade _____

My child is entitled to a 5% discount for
more than 4 years of continuous enrolment in ISU

Please invoice me for optional fees:

School bus

All grades (upon availability)

Piano

Grade 1 to Grade 12