

INTERNATIONAL SCHOOL OF BERGEN

Vilhelm Bjerknesvei 15, 5081 Bergen, Norway – Tel.: (+47) 55 30 63 30 Fax: (+47) 55 30 63 31



For office use only.

Received on _____

Processed on _____

Next Action _____

APPLICATION FOR ADMISSION

To ensure that your child's application is processed as quickly, please complete this form and include all requested information and documentation.

Date you would like your child to start(month/year) _____

CHILD'S DETAILS

Family Name _____

Forenames (First Names) _____

Date of Birth (DD/MM/YY) _____ Sex: Fem. () Masc. ()

Nationality _____ If resident in Norway, Personal Number _____

Home Address:

Street name and number _____

Postal/Zip Code _____

Area _____

Country (if applying from a country other than Norway) _____

CONTACT FOR APPLICATION PURPOSES

Name _____ Relationship to Applicant _____

Tel: _____ Fax: _____

e-mail _____

FATHER'S OR MALE GUARDIAN'S DETAILS

Surname _____ Forenames _____

Nationality _____ Occupation _____

Business affiliation, name and contact details _____

Home Address _____

Personal Number _____ Tel: _____

Mobile/Cell: _____ Fax: _____ e-mail: _____

MOTHER'S OR FEMALE GUARDIAN'S DETAILS

Surname _____ Forenames _____

Nationality _____ Occupation _____

Business affiliation, name and contact details _____

Home Address _____

Personal Number _____ Tel: _____

Mobile/Cell: _____ Fax: _____ e-mail: _____

Will either of the business affiliations above pay the tuition expenses? Yes ___ No ___
If so, a signed copy of the Tuition Payment Schedule for Company-Sponsored Students should accompany the application.

If an application is being made for Grades 1 through 10, school records for the past two school years, including any Individual Education Plans must accompany the application.

If the application is being made for Preschool and Kindergarten, an additional application must be registered with the central admissions service of Bergen Kommune, <http://www.bergen.kommune.no/barnehage>. For an English version, please contact ISB.

PARENT OR GUARDIAN SIGNATURE(S)

DATE

PLACEMENT INFORMATION

PREVIOUS SCHOOLING

1. Please list the schools and/nursery/or day care centres your child has attended.

Name of School/Nursery/or Day Care Centre	Country	Dates and Classes attended (MM/YYYY)	Language of Instruction

2. What is your child's present class or year group? _____

3. If applicable, please state the reasons why your child is leaving his/her present school.

LANGUAGE KNOWLEDGE

1. Please state your child's knowledge of English using the following words: Good, Satisfactory, Basic or None

Spoken _____ Written _____ Reading _____

2. Which is your child's first language? _____

3. What languages do you use at home? _____

4. Does your child live with a parent/guardian who speaks English? _____

GENERAL HEALTH AND ACADEMIC ABILITY

1. Does your child have any physical disabilities, illnesses, or severe allergies? If yes, please give details in order for the School to give the best possible attention to your child.

2. Are there any details regarding your child's health or academic ability that would be helpful for the School to be aware of?

FAMILY DETAILS

1. How many years do you expect your child to attend the International School of Bergen? _____

2. Do you have younger children who you intend to send to the International School of Bergen? If so, please give their names and dates of birth.

NAME	DATE OF BIRTH

3. Are there any important family circumstances of which we should be aware? Please give details.

4. How did you find out about the International School of Bergen?

ADDITIONAL INFORMATION

Please provide any additional information you feel would be relevant to your application e.g. your hopes and ambitions for your child's future, why you would like him/her to attend the International School of Bergen, and what expectations you have of the School.
