

Early Years Programme

Please	complete	and	send	to	admissions@isr	·.ch
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Schoo	l Year on Date of Entry:		
Kinde	rgarten Level on Date of Entry:		
Kinder	garten 1	-	
	3 – 5 Half Days		Note:
	1 Full Day / 4 Half Days or 3 Fu	ll Days	From 3 years Minimum 3 half days/week Part-time (08.50 – 12.15)
	2 Full Days / 3 Half Days		Full-time (08.50 – 15.20)
	3 Full Days / 2 Half Days or 4 Full Days		
	5 Full Days		
Kinder	garten 2		
	5 Half Days		Note:
	1 Full Day / 4 Half Days or 3 Full Days		4 years old by August 31st Minimum 5 half days/week Part-time (08.50 – 12.15) Full-time (08.50 – 15.20)
	2 Full Days / 3 Half Days		
	3 Full Days / 2 Half Days or 4 F	ull Days	
	5 Full Days		
Kinder	garten 3		
	5 Full Days		Note:
	(including Wednesday afternoon)		5 years old by August 31st
Studer	nt Information		
Family	y Name:		
First a	and Middle Name:		
Nation	nality:		



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Gender:				
Date of birth:				
Social Security Number (AHV):				
(if known)				
Place of Birth:				
Languages: indicate if competency is beginner (B), intermediate (I) or advanced (A) English:	Read:	Write:	Speak:	
German:	Read:	Write:	Speak:	
French:	Read:	Write:	Speak:	
Other languages:	Read:	Write:	Speak:	
Other languages:	Read:	Write:	Speak:	
Languages spoken at home:				
Countries lived in:				
Does your child need English as a Second Language Support?	Yes	No		
Does your child have a Special Education need or disability (such as ADHD, autism, dyslexia, dyspraxia, etc)? If Yes, please provide more information including dates and outcomes of any formal assessments, along with information about any specific adjustments that have been	Yes	No		
made or may be needed				
What are your child's extracurricular activities & interests?				
Other information/circumstances of which the school should be aware?				
May the Parent Teacher Group (PTG) contact you via E-mail before school begins?	Yes	No		
Family Information				
Parent/Guardian 1				
Family Name:				
First Name:				
Nationality:				



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Languages spoken:	
Home Address:	
Telephone:	
Employer:	
Position:	
Business Address:	
Telephone:	
e-Mail:	
Parent/Guardian 2	
Family Name:	
First Name:	
Nationality:	
Languages spoken:	
Home Address:	
Telephone:	
Employer:	
Position:	
Business Address:	
Telephone:	
E-Mail:	
Please indicate to whom correspondence should be addressed:	
Address to send school correspondence:	
To which person, office or agency should tuition invoices be sent?	



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The school system at ISR is different from many national systems and students transferring back to a national system may not always automatically be allowed to transfer directly to an equivalent grade level.

Give consent

By signing this form, you give consent to the following:

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1.	You accept and support the principles of the mission statement and the philosophy of the school.		
2.	If your child is enrolled you agree to pay all fees when due as outlined in the Financial Regulations.		
3.	You confirm that you have read the Student-Parent Handbook (available on the school website www.isr.ch or the school office)		
4.	You confirm that you have read and agree with the ICT Policy (available on the school website www.isr.ch)		
5.	You give consent that your child participates in any supervised field trip which takes place during normal school hours.		
6.	You give consent that ISR may contact previous schools		
7a.	The International School Rheintal may use, print, reproduce and or publish high resolution photographs and video footage (in colour and or black and white) of your child and their work deemed required, necessary and reasonable.		
	These include but are not limited to:		
	 In-school use for visual and grade identification in classroom and common areas Report cards School yearbook School newsletter Showcase of classwork School website (www.isr.ch) Marketing materials Official school social media accounts 		
7b.	Additionally, the International School Rheintal actively uses video surveillance to monitor insid		
	and outside the premises and occasionally monitors student behaviour as well. Surveillance footage is normally stored for a period no longer than 14 days; however, it could be kept longer		

should authorities require use of the same.

These include but are not limited to monitoring of these areas:

Library

- Locker rooms
- Playgrounds
- Courtyards
- Parking
- Football pitch
- Bicycle rack
- Common areas
- **7c.** Please note that under the new General Data Protection Regulations (GDPR) (Chapter 3, article 12-23) established by the European Union individuals have the following rights:

 These include but are not limited to monitoring of these areas:



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	The right to be informed					
	The right to be informed The right of access					
	The right of rectification					
	The right of erasure					
	The right of restrict processing					
	The right of data portability					
	The right of object					
	 Rights in relation to automated de 					
		he date of this document require consent				
		ige of 13 are required to personally give co				
		aphs that give the "ambiance" of the schoo	ol grounds and			
	classrooms.	and the transport of the second contribution				
		on between taking a photo and publishing	g a photo, conser			
	must be given to both.	ne official website of the GDPR. (www.eugd	lor org)			
	For more imormation, please visit th	ie official website of the GDPR. (www.eugo	ipr.org)			
8.	Payment					
	The employer will pay tuition fees	Yes No				
	The employer will pay all other fees					
	Individually funded	Yes No				
	Individually funded Invoices received via	Installments One full pay Email Post	ment			
	If Email, list preferred email ad					
	ii Emaii, iist preferred emaii ad	Juless				
	In the case of the employer paying al	ll / part fees, please provide the invoice in	formation:			
	C	Combact in ourse				
	Company name	Contact person				
	Telephone	E-Mail	_			
	relephone	L Man				
	Mailing address					
	_					
	Employer signature					
	Date (day / month / year)					
I /NI ~ :-	no data location)					
	ne, date, location)	d freely give consent to all of these terms.				
HEIEL	by state that I know my (our) rights and	a freely give consent to all of these terms.				
Signa	ture of parent or legal guardian Signa	ature of student (13 or older)				

The following items must accompany this application:

- a copy of the child's passport
- 1 passport-size photograph of the child



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Health Record Form

Emergency Information

Student's Name:	Date of Birth:
Home Telephone:	
Home Address:	
Parent/Guardian 1:	Parent/Guardian 2:
Work Telephone:	Work Telephone:
Mobile Telephone:	Mobile Telephone:
Doctor's Name:	Doctor's Telephone:
Doctor's Address:	Mobile Telephone:
Health and Accident Insurance	
Company's Name:	
City:	Policy Number:
Liability Incurance Company's Name:	1
Liability Insurance Company's Name:	
City:	Policy Number:



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Please print the name and telephone number of the individual to contact if the parents cannot be reached:	
Name:	Telephone Number:

Student's Health History

Blood Group (if known):	
Does your child have a valid tetanus vaccination? If yes, date of vaccination	
Is the student currently under medical care or taking medication?	
If so, describe:	
Are there any restrictions in physical activity?	
If so, describe:	
Does your child have any medical conditions which the school should be aware of e.g. diabetes, epilepsy, asthma?	
Does your child have any allergies/intolerances? If so, describe: For allergies, how severe and what measures are needed?	
Does your child wear glasses?	
Does your child have any hearing difficulties?	
Has your child ever had any surgery? If so, describe:	
Details of any psychological testing:	
Does your child have any physical or learning difficulties? If yes, give details:	
Any additional information you feel the school should be aware of:	



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The school always provides care to students to the best of its ability. In the case of a serious crisis or emergency, the school will contact the emergency support services as a first priority and contact the parents as soon as possible thereafter. In the case of a less serious situation, medical or otherwise, the school will make every attempt to contact parents first.

Parents are responsible for ensuring the school has up-to-date information on emergency telephone numbers and their child's doctor. If the school is unable to contact the parents, it will act in loco parentis and decide on an appropriate course of action.

Date:		
Signature of Parent/Guardian:		