

Application for Admission

Early Years Programme

Please complete and send to office@isr.ch

School Year on Date of Entry:	
Kindergarten Level:	
Date of Entry:	

Kindergarten 1

<input type="checkbox"/> 3 – 5 Half Days
<input type="checkbox"/> 1 Full Day / 4 Half Days or 3 Full Days
<input type="checkbox"/> 2 Full Days / 3 Half Days
<input type="checkbox"/> 3 Full Days / 2 Half Days or 4 Full Days
<input type="checkbox"/> 5 Full Days

Note:

From 3 years
Minimum 3 half days/week
Part-time (09.00 – 12.30)
Full-time (09.00 – 15.30)

Kindergarten 2

<input type="checkbox"/> 5 Half Days
<input type="checkbox"/> 1 Full Day / 4 Half Days or 3 Full Days
<input type="checkbox"/> 2 Full Days / 3 Half Days
<input type="checkbox"/> 3 Full Days / 2 Half Days or 4 Full Days
<input type="checkbox"/> 5 Full Days

Note:

4 years old by August 31st
Minimum 5 half days/week
Part-time (09.00 – 12.30)
Full-time (09.00 – 15.30)

Kindergarten 3

<input type="checkbox"/> 5 Full Days

Note:

5 years old by August 31st
5 days/week

Student Information

Family Name:	
First and Middle Name:	
Nationality:	
Gender:	
Social Security Number (AHV):	

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Date of Birth:													
Place of Birth:													
Languages: indicate if competency is beginner (B), intermediate (I) or advanced (A) English: German: French: Other languages: _____ Other languages: _____ Languages spoken at home:	<table> <tr> <td>Read:</td> <td>Write:</td> <td>Speak:</td> </tr> <tr> <td>Read:</td> <td>Write:</td> <td>Speak:</td> </tr> <tr> <td>Read:</td> <td>Write:</td> <td>Speak:</td> </tr> <tr> <td>Read:</td> <td>Write:</td> <td>Speak:</td> </tr> </table> _____	Read:	Write:	Speak:	Read:	Write:	Speak:	Read:	Write:	Speak:	Read:	Write:	Speak:
Read:	Write:	Speak:											
Read:	Write:	Speak:											
Read:	Write:	Speak:											
Read:	Write:	Speak:											
Countries lived in:													
Does your child need English as a Second Language Support?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Has your child ever been enrolled in a Special Education Programme? IF YES, GIVE DETAILS:	Yes <input type="checkbox"/> No <input type="checkbox"/>												
What are your child's extracurricular activities & interests?													
Other information/circumstances of which the school should be aware?													

Family Information

Parent/Guardian 1

Family Name:	
First Name:	
Nationality:	
Languages spoken:	
Home Address:	
Telephone:	
Employer:	
Position:	
Business Address:	
Telephone:	
e-Mail:	

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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?	

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:

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

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7a.	<p>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 as deemed required, necessary and reasonable.</p> <p>These include but are not limited to:</p> <p>In-school use for visual and grade identification in classroom and common areas</p> <ul style="list-style-type: none"> • Report cards • School yearbook • School newsletter • Showcase of classwork • School website (www.isr.ch) • Marketing materials • Official school social media accounts
7b.	<p>Additionally, the International School Rheintal actively uses video surveillance to monitor inside 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.</p> <p>These include but are not limited to monitoring of these areas:</p> <ul style="list-style-type: none"> • Shoe-room • Library • Locker rooms • Playgrounds • Courtyards • Parking • Football pitch • Bicycle rack • Common areas
7c.	<p>Please note that under the new General Data Protection Regulations (GDPR) (Chapter 3, articles 12-23) established by the European Union individuals have the following rights:</p> <p>These include but are not limited to monitoring of these areas:</p> <ul style="list-style-type: none"> • 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 decision making and profiling.
	<p>Students under the age of 13 as of the date of this document require consent from a parent or legal guardian. Students above the age of 13 are required to personally give consent as well.</p>
	<p>Consent is not required for photographs that give the “ambiance” of the school grounds and classrooms.</p>
	<p>Under GDPR there is a clear distinction between taking a photo and publishing a photo, consent must be given to both.</p>
	<p>For more information, please visit the official website of the GDPR. (www.eugdpr.org)</p>

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8.	Payment				
	The employer will pay tuition fees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	The employer will pay all other fees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	In the case of the employer paying all / part fees, please provide the invoice information:				
	Company name		Contact person		
	_____		_____		
	Telephone		E-Mail		
	_____		_____		
	Mailing address		_____		
	_____		_____		
Employer signature		_____			
_____		_____			
Date (day / month / year)		_____			

I (Name, date, location) _____
hereby state that I know my (our) rights and freely give consent to all of these terms.

Signature of parent or legal guardian

Signature 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 Insurance Company's Name:	
City:	Policy Number:

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

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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? If so, describe:	
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:	

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: _____