

Dear Parents/Guardians

Please complete the information below using a separate form for each child applying for admission to ISB. Send this form with your child's details to the previous school for them to complete and return to ISB. The previous school will send the information directly to ISB.

School records must be submitted in English or Norwegian. Translation of the school records is the responsibility of the parent/guardian.

Name of Stud	lent:			
Date of Birth:	DD	ММ	Үүүү	Current Grade/Year level:
Name and ad	dress of sc	hool:		

To the Principal, Counselor or School Office:

Please send a copy of my child's complete official school records to: International School of Bergen.

Please include the following information so that my child's application may be promptly considered:

- Current report card and progress reports
- Previous reports/transcripts with final grades for the last two years
- Any standardised test scores
- Other school records relevant to admissions (attendance, disciplinary records, any additional educational assessments, evaluations, special program placements, IEP, SEN, EAL/ESL etc.)

PARENTAL AUTHORIZATION

I hereby authorize the release of all relevant school records of my child to the International School of Bergen. It is understood that all records are sent directly by one of the two option below by:

mail:	International School of Bergen	email:	<u>post@isbergen.no</u>
	Sandslihaugen 36		
	5254 Sandsli		
	Norway		

Signature of Parent/Guardian: _____

DD MM YYYY

Date:

Student Information

The following sections A and B should be completed by a teacher who knows the student BERGEN well, both in terms of their academic performance and social development. We ask for full disclosure of any educational, social or behavioral issues to ensure that we are able to support the student's needs.

Please answer all the questions as fully as you can and attach an additional sheet if you have any other information that you would like to share with us that would be helpful in our understanding of this student.

SECTION A			
Student:			
Date of Birth:	ММ	Current Grade/Year level	l:
Homeroom Teacher	or other (please speci	fy your relationship to the student):	
Attendance			
	Good	Satisfactory	Poor
Attendance			
Punctuality			
SECTION B			
Student Backgrou	nd		
Student's strengths, i	interests and goals:		
Type of environmen	t in which the student tl	hrives best:	
What are the first wo	rds that come to mind t	to describe the student?	



Skills Development

INTERNATIONAL SCHOOL OF BERGEN

Languages

	Level of	Proficiency							
	English	Norwegian							
Beginner									
Lower Intermediate									
Upper Intermediate									
Advanced									
Fluent									
Has the child received English as an Additional Language lessons EAL/ESL?									
If yes, how many hours	If yes, how many hours per week:								
What additional langua	What additional languages does the child speak?								
What is the student's fi	What is the student's first or best language?								

What is the main language of instruction in your school?_____

Literacy

	Performance/Achievement		Effort			
	Above Grade/Year Level	On Grade/Year Level	Below Grade/Year Level	Excellent	Average	Below Average
Reading						
Writing						
Listening						
Speaking						

Numeracy

	Perfor	mance/Achiever	ment	Effort			
	Above Grade/Year Level	On Grade/Year Level	Below Grade/Year Level	Excellent	Average	Below Average	
Mathematics							

School Records Release Individual Learning Needs INTERNATIONAL SCHOOL OF Has the student any specific learning difficulties (e.g. dyslexia, ADHD) and / or ever BERGEN required speech language therapy, learning support, literacy support, occupational therapy, psycho-educational counselling or psycho-educational testing? Yes No No If yes, please explain: Has the student ever received or been recommended for extra support? Yes No If yes, please explain:

Attitudes to Learning

Self-Management Skills

	Consistently	Often	Occasionally	Rarely
Manages time appropriately				
Follows directions and classroom routines				
Completes work on time				
Manages own materials (e.g. books, lunch, iPad)				

Social Skills

	Consistently	Often	Occasionally	Rarely
Communicates appropriately with others				
Demonstrates respect for self, others and environment				
Works cooperatively in groups				
Adapts to new situations				



Has this student had any friendship group issues that might continue to cause problems?	Ye
If yes, please explain:	

Please note any additional personal and/or behavioural or academic concerns you have about the student, or any other information you think would be helpful. Use this space or a separate sheet for further comments in any category:

If you have answered yes to any of the above, please include reports of testing and/or therapy, as well as any recent Individual Educational Plans (IEPs) or Special Education Needs (SEN)

We would like to thank you for the time it has taken to fill in this form, we very much appreciate your help.

Teacher's signature: _	Date:				_
с —		DD	MM	YYYY	