

Please complete and send to admissions@isr.ch

School Year on Date of Entry:	
Grade on Date of Entry:	
Date of Entry:	

Student Information

Family Name:			
First and Middle Name:			
Nationality:			
Gender:			
Social Security Number (AHV): (if known)			
Date of Birth:			
Place of Birth:			
Languages: indicate if competency is beginner (B), intermediate (I) or advanced (A)	Native language:		
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:			
Deservery skild as ad English as a	Yes	NIa	
Does your child need English as a	res	No	
Second Language Support?	Yes	No	
Does your child have a Special	res	INO	
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 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)	Yes	No	
contact you via E-Mail before school			
begins?			

Educational Information

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Name and address of most recent school attended:		
Current Grade level:		
Dates of attendance:	From:	to:
Reason for withdrawal:		

Family Information

Parent/Guardian 1

Family Name:	
First Name:	
Nationality:	
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:	

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 <u>www.isr.ch</u> or the school office)
4.	You confirm that you have read and agree with the ICT Policy (available on the school
	website <u>www.isr.ch</u>)
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 as 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 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.		
	 These include but are not limited to monitoring of these areas: Learning Hub 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, articles 12-23) established by the European Union individuals have the following rights: The right to be informed The right of access The right of rectification The right of restrict processing The right of data portability The right of object Rights in relation to automated decision making and profiling. 		
	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. Consent is not required for photographs that give the "ambiance" of the school grounds and classrooms.		
	Under GDPR there is a clear distinction between taking a photo and publishing a photo, consent must be given to both.		
	For more information, please visit the official website of the GDPR. (<u>www.eugdpr.org</u>)		



8.	Payment			
	The employer will pay tuition fe	es Yes		No
	The employer will pay all other	fees Yes		No
	Individually funded	Yes		No
	Individually funded	Installm	ients	One full payment
	Invoices received via	Email		Post
	If Email, list preferred email add	lress:		
	In the case of the employer pay	ing all (naget fo		wide the invelop information.
	In the case of the employer pay	ing all / part le	es, please pro	by de the invoice information:
	Company name		Contact pers	on
			·	
			<u> </u>	
	Telephone		E-Mail	
	Mailing address			
	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 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
- copies of previous school reports translated into English
- 1 passport-size photograph of the child
- non-refundable registration fee



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:



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:	



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: _____