



INTERNATIONAL SCHOOL OF KIGALI - RWANDA
Engaging Individuals
Encouraging Success
Enriching Global Citizens

STUDENT APPLICATION FORM

Attach
applicant's
picture
here

A. Applicant Information Please fill in as it appears on Passport or Birth Certificate.

Surname

Given Name

Common Name used at school

Male Female

Date of Birth (mm/dd/yy)

Country of Birth

Nationality

Citizenship

Passport No. Expiry (mm/dd/yy)

Visa Type: Dependant Student
 Permanent Resident Visitor
 Others

Home Language English French Kinyarwanda *please circle*
 Other

First Language English French Kinyarwanda *please circle*
 Other

Second Language English French Kinyarwanda *please circle*
 Other

Brother(s)/Sister(s) at No Yes
ISKR?

If yes, Name of sibling
Grade School Year
Name of sibling
Grade School Year

Brother(s)/Sister(s) No Yes
applying with Applicant

If yes, Name of applicant
Applying to Grade For the School Year
Name of applicant
Applying to Grade For the School Year

B. Current School

Name of School

Does the School offer No Yes
an IB programme?

Grade(s) at this School to
Period at this School (mm/yy) to (mm/yy)
School Address

 Country
Telephone

Main Language of Instruction English French Kinyarwanda Other

Has the applicant repeated No Yes If yes, which Grade(s) _____
or advanced any grade(s)?

If yes, please explain _____

Does the applicant require No Yes
special needs education
(Individual Education Plan (IEP), ?

If yes, please explain _____

Has the applicant had any No Yes
psychological or academic
testing?

C. Previous School

Name of School

Does the School offer an IB programme? No Yes

Grade(s) at this School to

Period at this School (mm/yy) to (mm/yy)

School Address

 Country

Telephone

D. Other Interests

Please give details of special interests and/or abilities that the applicant has in the areas of sports or arts. List activities in which the applicant has engaged.

E. Health

Please supply information regarding the applicant's health and/or behaviour which might affect his/her performance in the classroom, or limits participation in physical education activities and/or field trips. Information on allergies and/or medication(s) taken on regular basis must be provided.

F. Correspondence Address (please print)

Country

Telephone

Billing Address Father's Company Mother's Company
if different from correspondence address

Applicant lives with Both Parents Father Mother Guardian
(Please complete if guardian is not one of the applicant's parents)

Name of Guardian Contact No.
Email Address

G. Parent Information

Check if appropriate Parents Divorced Parents Separated
 Father Deceased Mother Deceased
 Father Remarried Mother Remarried

Father's Surname

Father's Given Name

Nationality

Company Name

Company Address

Telephone

Mobile No.

E-mail Address

(please provide one only)

Position Held

Professional Qualification(s)

Education Background Degree(s) Granted from

Mother's Surname

Mother's Given Name

Nationality

Company Name

Company Address

Telephone

Mobile No.

E-mail Address

(please provide one only)

Position Held

Professional Qualification(s)

Education Background Degree(s) Granted from

H. Privacy Agreement

I give permission for my contact information to be included in a parent directory.
 Yes No

I give permission for the school to use images of my child on the school online channels (website, Facebook, LinkedIn...) and in any promotional materials.
 Yes No

J. Parental Agreement

Students may not enroll in ISKR unless one parent or legal guardian is a full-time resident in Rwanda. I, the undersigned, agree that this applicant will be living with at least one parent or a legal guardian while enrolled in ISKR.

I hereby give ISKR permission to obtain records from the applicant's current and previous school(s).

I hereby certify that the information given in this application is true and complete to the best of my knowledge. I fully understand that if I fail to provide accurate information for this application, ISKR reserves the right to restrict entry into, or withdrawal of a place from, the School.

I understand data collected will be used for processing the admission application only.

Parent's/Guardian's name (Please print)

Relationship with the Applicant

Signature

Date

Checklist

Items to be submitted with the application:

- A completed/signed application form
- One photograph attached to this application form
- Copy of school reports for the previous and current school years. If reports are not issued in English, please also provide a translated copy in English.
- Copy of passport
- Copy of birth certificate (required only if the applicant does not have a passport)
- A non-refundable and non-transferable application/processing fee made payable to "International School of Kigali Rwanda" (Please refer to the fee structure for the application fee amount and method of payment). Please do not send cash or cash cheque.

Please submit application to:

Administration

International School of Kigali Rwanda

PO Box 6217

Kigali, Rwanda

School Main Line: **+250 - 786725369 (7:30 to 17:00)**

E-mail: **office@iskr.org**

Website: **www.iskr.org**

This application must be signed by the parent/guardian and submitted in original form together with items listed on the checklist. (Please see item I on the last page). Please do not include DVDs or portfolios of the applicant and parents' company portfolios.

Applying to Grade: _____

For the School Year: _____