



APPLICATION FORM

ISBerne
Online



STEP 1: APPLY AND SUBMIT THE FOLLOWING DOCUMENTS:

FULL TIME STUDENTS ONLY

- Completed Application Form
- Copy of student's passport
- Copy of the most recent school report as well as the previous academic year (mandatory for grades 6-8)
- Official Transcripts (Mandatory for grades 9,10,11,12)
- CHF 250 non – refundable registration fee

PART TIME STUDENTS ONLY

- Completed Application Form
- Copy of student's passport
- CHF 100 non – refundable

STEP 2: COMPLETE PAYMENT OF TUITION FEE

Payments can be made via cash, cheque, or by credit card in person at our Dubai Knowledge Village office or online via our website: <https://icademymiddleeast.com/pay-your-tuition>

STEP 3: PLACEMENT CONFERENCE

After you have completed step 1 your Enrollment Counselor will work with you to determine your student's course level and as-sign courses accordingly.

Once again, we are very pleased that you have decided to enroll in the ISBO program with iCademy Middle East. We warmly welcome you to our school. In order to ensure the enrollment process flows as efficiently as possible, we appreciate your prompt attention to the steps outlined above.

PERSONAL INFORMATION

STUDENT:

First Name:

Family Name:

Gender: M/F

Date of Birth:

Nationality:

Country of Birth:

Home language(s):

PLEASE TICK THE LEVEL OF ENGLISH PROFICIENCY WHICH BEST DESCRIBES

Beginner
 Elementary
 Confident
 Fluent
 Native

Address in Country of Residence

City

P.O. Box Country

Student Email:
 (High School students only)

Student Mobile:

Home Phone:

Enrollment Type: Full-time Part-time

Enrollment Reason:

How did you hear about us?

PARENT OR LEGAL GUARDIAN'S DETAILS

FATHER'S DETAILS:

First Name:	<input type="text"/>	Family Name:	<input type="text"/>
Nationality:	<input type="text"/>	Employer:	<input type="text"/>
Occupation:	<input type="text"/>	Work Phone:	<input type="text"/>
Email address:	<input type="text"/>	Mobile:	<input type="text"/>

MOTHER'S DETAILS:

First Name:	<input type="text"/>	Family Name:	<input type="text"/>
Nationality:	<input type="text"/>	Employer:	<input type="text"/>
Occupation:	<input type="text"/>	Work Phone:	<input type="text"/>
Email address:	<input type="text"/>	Mobile:	<input type="text"/>

GUARDIAN'S DETAILS (IF APPLICABLE)

First Name:	<input type="text"/>	Family Name:	<input type="text"/>
Nationality:	<input type="text"/>	Employer:	<input type="text"/>
Occupation:	<input type="text"/>	Work Phone:	<input type="text"/>
Email address:	<input type="text"/>	Mobile:	<input type="text"/>

EMERGENCY CONTACT DETAILS:

First Name:	<input type="text"/>	Family Name:	<input type="text"/>
Email Address:	<input type="text"/>	Mobile:	<input type="text"/>

ACADEMIC INFORMATION

Current Grade: Grade applying for:

Current Curriculum: Preferred start date:

PREVIOUS SCHOOL	YEAR / GRADE	FROM	TO
REGISTRAR NAME			
PHONE NUMBER			
EMAIL			

Has your child received additional support for any of the following ?

Speech and language
 Spelling and/or phonics
 Social and emotional
 Reading
 Writing
 Mathematics
 Physical difficulties including fine/gross motor skills

Has your child been assessed for a Special Educational or Disability (SEND) Yes: No:

Has your child been assessed by (*If yes please supply a report)

Occupational Therapist (OT)
 *Behavioral Therapist (including ABA)
 Speech and Language Therapist
 Educational Psychologist

Is your child Gifted and Talented? If so in which areas?

Please provide any further information in relation to circumstances or needs which may affect your child's learning ability (For example Personal, Health etc.)

DECLARATION

RELEASE OF RECORDS

I/We consent to the formal approval for the release of all official school records

Please tick box:

LEARNING COACH RESPONSIBILITIES

I/We have read and understood the learning coach responsibilities

Please tick box:

REFUND TERMS AND CONDITIONS

I/We have read and understood the payment terms and conditions

Please tick box:

PHOTOGRAPHY

The school takes photographs of students for use in classroom displays, brochures and promotional materials. If you DO NOT wish for your child to be photographed.

Please tick box:

NCAA ELIGIBILITY

Is your child a college-bound student athlete? Are they planning to attend higher education in the US, and are registered/or will register with NCAA for eligibility? If yes please tick the box.

Please tick box:

My child is not a US college-bound student athlete and waives NCAA eligibility. If no please tick the box

Please tick box:

Father's / Guardian's Signature

Date:

Mother's / Guardian's Signature

Date: