

A close-up photograph of a person's hands holding a white tablet computer. The person is wearing a blue and white plaid shirt. The background is a warm, orange-toned wall. In the top right corner, there is a red rectangular overlay containing the text 'ISBerne Online' and a white graphic of a stylized globe or sphere made of intersecting lines.

ISBerne
Online

APPLICATION
FORM

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 to 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
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STEP 2: COMPLETE PAYMENT OF TUITION FEE

Payments can be made via cheque or by credit card.

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 assign courses accordingly.

Once again, we are very pleased that you have decided to enroll in the ISBO program with ISBERNE Online. 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 Male Female

Date of Birth: DD/MM/YY

Nationality:

Country of Birth:

Home Language(s):

PLEASE TICK THE LEVEL OF ENGLISH PROFICIENCY WHICH BEST DESCRIBES YOU

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"/>

LEARNING COACH DETAILS *(not mandatory)*

PLEASE SELECT WHO IS THE LEARNING COACH. (For more detail about the role, please refer to page 10)

MOTHER FATHER GUARDIAN * If others please provide details below.

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) Behavioural 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(for example personal, health etc.)

DECLARATION

<p>Release of Records</p> <p>I/We consent to the formal approval for the release of all official school records.</p>	Please tick box: <input type="checkbox"/>
<p>Learning Coach Responsibility</p> <p>I/We have read and understood the learning coach responsibilities. (page 10)</p>	Please tick box: <input type="checkbox"/>
<p>Refund Terms and Conditions</p> <p>I/We have read and understood the payment terms and conditions outlined in the iCademy ME handbook.</p>	Please tick box: <input type="checkbox"/>
<p>Photography</p> <p>The school takes photographs of student for use in classroom displays, brochures and promotional materials. If you are happy for child to be photographed.</p>	
<p>Transcript Evaluation</p> <p>I/We understand that the High School transcript from schools which do not follow a US, UK, Australian or IB curriculum are usually evaluated by an independent transcript evaluation company. ISBerne Online uses Arizona International Credential Evaluators {AZICE} to assist us in correctly converting international credits to the US-based system. An additional fee applies. <i>Please tick the box if you agree</i></p>	

NCAA ELIGIBILITY

<p>Is your child a college-bound student athlete? If they are planning to attend higher education in the US, will they register with NCAA for eligibility? If yes please tick the box.</p>	Please tick box: <input type="checkbox"/>
<p>My child is NOT a US college-bound student athlete and waives NCAA eligibility.</p>	Please tick box: <input type="checkbox"/>

Father's / Guardian's Signature _____

Date: / /

Mother's / Guardian's Signature _____

Date: / /

FOR OFFICE USE ONLY:

Grade applied for:

Part time/Full time:

Start date:

Please tick as applicable:

ISBO