



**INTERNATIONAL SCHOOL OF ULAANBAATAR  
APPLICATION FOR ADMISSION  
2011 - 2012**



The following completed documents **must be provided** at the time of registration:

- A signed Application for Admission form
- Completed ISU Personal Information form
- Completed ISU Health Record form
- Completed ISU Educational Information form
- Completed ISU Billing Information form (and application for Discount Tuition Fees if applicable)
- Signed ISU Profile and Photo Release forms
- Copies of the student's last 2 years school records **in English**. Please include standardised test results and any Individual Educational Plans
- An open written reference (no more than one page) from the current Head of school
- Copy of student's vaccination records
- 2 Passport photographs
- A photocopy of the child's passport or birth certificate

*All documents should be given to the school receptionist or emailed directly to [admissions@isumongolia.edu.mn](mailto:admissions@isumongolia.edu.mn) Tel: +976-70160010; +976-70160020 Fax: +976-70160012*

***Students are accepted in accordance with ISU's Admission Policies such as the Contract of Enrolment between students and School.***

By enrolling my child in the International School of Ulaanbaatar, I acknowledge that I have received and read the Admission Policy, the Tuition and Fees policy, Guardianship policy, and the ISU Profile.

I agree to abide by the policies, By-Laws and Articles of Association of the Association and the School. I may request and receive the School By laws and policies. I understand that the mother/father names written on the ISU Personal Information Form are the specified members of the ISU Association.

**If there is a change in this information, I will notify ISU in writing.**

I understand that failure to abide by these policies, By-laws, and Articles of Association may result in losing the right to remain a member of the Association. ***I understand that if any of the information I have given here is false or misleading, the School reserves the right to reject the application or if my child is already enrolled, the School reserves the right to dismiss my child.***

I hereby apply for admission for my child for the period beginning:      mm\_\_\_\_\_ / dd\_\_\_\_\_ / yy\_\_\_\_\_

Grade Applied for: \_\_\_\_\_ Child's Full name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: mm\_\_\_\_\_ / dd\_\_\_\_\_ / yy\_\_\_\_\_

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Grade Approved for: \_\_\_\_\_ Student Number: \_\_\_\_\_

Head's Signature: \_\_\_\_\_ Accounts Manager \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: mm\_\_\_\_\_ / dd\_\_\_\_\_ / yy\_\_\_\_\_

## **Admissions Criteria**

Unless there are special educational, physical needs or other needs which the school cannot meet, the admission decision is based on the following criteria:

- Availability of space
- English proficiency, as determined by oral interviews, a writing sample, reading comprehension test (Primary), and MAP test (Secondary and upper Primary)
- Student's previous record cards / academic records
- Information gathered from interviews, the application form and any other anecdotal records
- Up-to-date vaccinations
- Open written reference from the current head of School

In Primary and Middle schools the student's age, academic records, and interview results are used in determining grade placement.

When necessary, further diagnostic testing may be required to aid in the admissions and placement decisions, payable by the parents.

All new students shall be entered for a probationary period of one semester to determine whether ISU is able to meet the student's educational needs.

Children will be expected to have a sufficient level of competency in English, as determined by the testing results, in order to access the curriculum in the regular school classes in Secondary. Primary students can enter ISU with minimal English competency.

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***(For Office Use Only)***

Appointment date: mm \_\_\_\_\_ dd \_\_\_\_\_ yy \_\_\_\_\_

Head of School \_\_\_\_\_

Admission: Confirmed / Denied    Approved by: \_\_\_\_\_

Homeroom teacher informed : Yes / No    Parents informed: : Yes / No

Assessment and Probationary Period Ends: mm \_\_\_\_\_ dd \_\_\_\_\_ yy \_\_\_\_\_

Additional comments :



INTERNATIONAL SCHOOL OF ULAANBAATAR  
**PERSONAL INFORMATION**  
*Please print clearly*



Child's Name: \_\_\_\_\_  
*Family Name* *Full Given Name*

Date of Birth: *mm* \_\_\_\_\_ *dd* \_\_\_\_\_ *yy* \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender: **M** / **F** Passport Number: \_\_\_\_\_

First Language: \_\_\_\_\_ Other Language/s: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Parents' contact email/s: \_\_\_\_\_

Address in Ulaanbaatar: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
*Family Name* *Full Given Name*

Native Language: \_\_\_\_\_ Other Language/s: \_\_\_\_\_

Nationality: \_\_\_\_\_ Employer / Job Title: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
*Family Name* *Full Given Name*

Native Language: \_\_\_\_\_ Other Language/s: \_\_\_\_\_

Nationality: \_\_\_\_\_ Employer / Job Title: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office phone #: \_\_\_\_\_

**Emergency Contacts (*other than parents*):**

**I.** Name \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Office/Home phone No.: \_\_\_\_\_

**II.** Name \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Office /Home phone No.: \_\_\_\_\_

How long do you plan to live in Ulaanbaatar?



**INTERNATIONAL SCHOOL OF ULAANBAATAR**  
**HEALTH RECORD**



**Immunisation / Vaccination Records**

Please attach a photocopy of your child's current vaccination records. These must include:

- DPT (Diphtheria, Pertussis, Tetanus)
- TOPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- BCG (Tuberculosis) - or submit evidence of freedom from active tuberculosis as shown by chest x-ray or approved intradermal tuberculin test
- Meningitis

**NB: It is recommended that all children living in Mongolia are vaccinated against Hepatitis A**

**Serious or Repeated Problems**

Problem	No	Yes	Problem	No	Yes
Asthma			Glasses/contacts		
Bronchitis			Vision		
Diabetes			Hearing		
Seizures			Blood/muscles/bones		
Restricted physical education			Speech		
Kidney/bladder			Coordination or balance		
Other					

Please explain any serious or repeated problems:

**Allergies**

Allergy	No	Yes	Please specify
Food			
Medicine			
Other			

**I will inform the school of any changes in the above information. I understand that if my child contracts an infectious disease or condition I will inform the school and withdraw my child until he/she is no longer infectious.**

Parent' signature: \_\_\_\_\_ Date: mm \_\_\_\_\_ / dd \_\_\_\_\_ / yy \_\_\_\_\_



INTERNATIONAL SCHOOL OF ULAANBAATAR



## EDUCATIONAL INFORMATION

### Please answer ALL questions

What special strengths, interests, and skills does your child have? In what extracurricular activities has he or she participated?

Was your child in any special programmes in previous schools? If yes, please describe. *(Particularly note for English language/ESL, extension programme for gifted children, remedial programme or difficulties)*

Does your child have any physical and/or educational limitations or disabilities? Has your child ever been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? *(Please attach Individual Educational Plans, medical reports, types of medication and additional information to explain in full.)*

Are there any circumstances about your move to Ulaanbaatar that might affect your child at school?

Please describe your family configuration. For example, names and birth dates of siblings and whether siblings will live in Ulaanbaatar, etc. Where are siblings in school?



INTERNATIONAL SCHOOL OF ULAANBAATAR  
**BILLING INFORMATION**



Company or Person's name responsible for payment:

**Please tick where appropriate:**

**My child is:**  A new student  A returning student

**My child will be attending:**  Pre-school 1/2  Grades 6 to 10

KNG to Grade 5  Grades 11 to 12

**My child is entitled to a sibling discount:**

Name of sibling: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling's application already approved by the director: Yes / No

My child is entitled to a 5% discount for **more than 4 years of continuous enrolment** in ISU: Yes / No

**Please invoice me for optional fees:**

School bus - available for all grades (upon availability)

Piano - available for Grade 1 to Grade 12