



**International School
of Djibouti**

*Student Registration Form
2016-2017 School Year*

Please print responses to this form in capital letters using black or blue ink:

Today's Date: ____/____/____

Estimated Arrival Date in Djibouti: ____/____/____

Trimester(s) Attending:

Term I: ____ Term II: ____ Term III: ____ All Year: ____

STUDENT INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Gender: Male: ____ Female: ____

Birthdate: Month: ____ Day: ____ Year: ____

Age: ____

Grade Level: _____

Nationality: _____

Other Passports Held: _____

Primary Language Spoken in Home: _____

EDUCATIONAL BACKGROUND

Name of most recent school attended: _____

Language of Instruction: _____

Address of previous school:

Telephone Number: _____

ISD ENROLLEMENT APPLICATION

Email: _____

Additional Comments:

Has your child ever been tested and/or received help in the following areas:

- ESOL Yes: _____ No: _____
- Speech & Language Yes: _____ No: _____
- Attention Yes: _____ No: _____
- Learning Difficulty Yes: _____ No: _____
- Reading/Literacy Yes: _____ No: _____
- Emotional/Behavioral Yes: _____ No: _____
- Mental Health Yes: _____ No: _____
- Other Needs Yes: _____ No: _____

Has your child ever repeated a grade at school?

Yes: _____ No: _____

Has your child ever been suspended, expelled, or withdrawn from school due to behavior or academic reasons?

Yes: _____ No: _____

Does your child require any medication by a physician to aid the learning process?

Yes: _____ No: _____

Explanation if necessary:

ISD ENROLLEMENT APPLICATION

FAMILY INFORMATION

With whom does the applicant live?

Both Parents: _____ Father Only: _____
Mother Only: _____ Other (please explain): _____

Guardian #1

Full Name: _____

Nationality: _____

Physical Address: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Preferred method of contact: _____

Current or most recent employer: _____

Title: _____

Employment Address: _____

Do you have legal custody over the applicant? Yes _____ No _____

Guardian #2

Full Name: _____

Nationality: _____

Physical Address: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Preferred method of contact: _____

Current or most recent employer: _____

Title: _____

Employment Address: _____

Do you have legal custody over the applicant? Yes _____ No _____

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Sibling Information

Please fill out the following for siblings currently attending or also applying for ISD.

Sibling #1 full name: _____

Birthdate: ____/____/_____

Grade Level: _____

Currently Attending: Yes _____ No _____

Applying to ISD: Yes _____ No _____

Sibling #2 full name: _____

Birthdate: ____/____/_____

Grade Level: _____

Currently Attending: Yes _____ No _____

Applying to ISD: Yes _____ No _____

Sibling #3 full name: _____

Birthdate: ____/____/_____

Grade Level: _____

Currently Attending: Yes _____ No _____

Applying to ISD: Yes _____ No _____

EMERGENCY CONTACT INFORMATION

Please name an adult, other than the parents, currently living in Djibouti who can be contacted in the case of an emergency.

Name: _____

Relationship to applicant: _____

Mobile Phone: _____

Alternate Phone: _____

Physical Address: _____

P.O. Box: _____

Email: _____

ISD ENROLLEMENT APPLICATION

PARENT/GUARDIAN SIGNATURES

If you agree with the following statement, please sign below.

I attest that all the information provided above and the documentation submitted with the application, is accurate and complete, and understand that failure to fully disclose any and all of the required information may result in denial of admission or possible dismissal of my child.

Parent/Guardian #1

Print your first name, MI, and last name

Date

Signature

Date

Parent/Guardian #2

Print your first name, MI, and last name

Date

Signature

Date