



The International School of Dakar  
Dakar, Senegal

**OFFICIAL USE ONLY**

Entry grade \_\_\_\_\_

Date admitted \_\_\_\_\_

## Application for Enrollment

### Part I - Student Information

Today's Date \_\_\_\_\_

#### A Personal Student Data

Family name		First name	<b>Please attach one recent photo of the applicant</b>
Birth date (mm/dd/yy)		Place of birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality	
Native language		Languages spoken	
Has studied English before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years: as language of instruction _____ as foreign language _____			
Does the child have siblings at ISD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Anticipated start date (mm/dd/yy)?		E-mail	

#### B Family Information

Father/Guardian		Mother/Guardian	
Family name		Family name	
First name		First name	
Nationality		Nationality	
Telephone	Home _____ Work _____ Mobile _____	Telephone	Home _____ Work _____ Mobile _____
E-mail		E-mail	
Home address		Home address	
Employer		Employer	

#### C Previous School Information

*Please provide information concerning previous schools attended, starting with the most recent school.*

School			
Location		Dates attended	Grades Attended
Telephone	Fax	E-mail	
Language of instruction		Other languages studied	

<b>School</b>		
Location	Dates attended	Grades Attended
Telephone	Fax	E-mail
Language of instruction	Other languages studied	

<b>School</b>		
Location	Dates attended	Grades Attended
Telephone	Fax	E-mail
Language of instruction	Other languages studied	

*Please attach copies of official transcripts and report cards for the last three years.*

**D Student's Background**

Has your child received additional support of any kind (i.e. classes for highly capable/gifted or resource room/special education)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever experienced any academic, social or emotional difficulties in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child, to your knowledge, have any learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any physical disabilities or medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "yes" to any of the above four questions, please provide relevant information as well as any available reports of any testing, tutoring or medical reports.</i>	
What are your child's extracurricular activities / hobbies?	

**E Other Information**

**Emergency Contact Information**

*Please provide the name and contact information of a person who may be notified in an emergency if family members are not available.*

Family name	First name
Telephone	E-mail

**General Contact Information Prior to Arrival in Dakar**

*Please provide the name and contact information of person who may notified in Dakar prior to arrival.*

Family name	First name
Telephone	E-mail

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian

- |  |
|--|
| <p>Before sending this application form, please ensure that:</p> <ol style="list-style-type: none"> <li>1. The application is signed and completed.</li> <li>2. A legible copy of the student's valid passport or birth certificate is submitted.</li> <li>3. Copies of the student's official transcripts/report cards are included for the last three years.</li> <li>4. Any reports and/or additional information related to student's academic background (Part D) are included.</li> <li>5. One current photo of the student are included.</li> <li>6. Confidential recommendation (submitted by school)</li> <li>7. The registration fee has been paid (\$100 USD).</li> </ol> |
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## Part II - Additional Information

### A Survey Information For questions that do not apply, please mark N/A (non-applicable).

How long do you expect to stay in Senegal?	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> Permanent resident
How long have you been in Senegal?	_____ year(s) _____ Permanent resident
How did you hear about ISD?	
Have you visited our website: www.isd.sn? If so, did you find it helpful?	
Why did you choose ISD for your children?	
Apart from ISD, which schools did you consider before making your choice (if any)?	
Have you been satisfied with the amount and quality of information you have received from ISD?	
Which specialized areas do you consider important for your child's development and future? Please check your top five choices.	<input type="checkbox"/> International accreditation <input type="checkbox"/> Physical education <input type="checkbox"/> French language <input type="checkbox"/> Information technology <input type="checkbox"/> Cultural activities <input type="checkbox"/> Music lessons <input type="checkbox"/> Family atmosphere <input type="checkbox"/> Advanced placement courses <input type="checkbox"/> School infrastructure/facilities <input type="checkbox"/> Leadership training <input type="checkbox"/> Extracurricular activities <input type="checkbox"/> Other _____

### B Sibling Information

Do you have children who will be enrolled at ISD in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment _____	
Do you have school age children enrolled in other schools in Dakar? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any other school age siblings attending another school outside of Dakar? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Part III Medical History

### A Illnesses

Please check the illnesses your child has had.

<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Measles	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Rubella
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Polio	<input type="checkbox"/> Malaria
<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other _____

### B Immunizations

Please list your child's immunizations including dates.

Polio 1. _____ 2. _____ 3. _____ 4. _____	Diphtheria 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Tetanus 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Whooping 1. _____ Cough/ 2. _____ Petussis 3. _____ 4. _____ 5. _____
Measles 1. _____ 2. _____	Mumps 1. _____ 2. _____	Rubella 1. _____ 2. _____	
Hepatitis B 1. _____ 2. _____ 3. _____ booster _____	Hepatitis A 1. _____ 2. _____ booster _____	Meningitis last vaccination _____ Typhoid last vaccination _____ Yellow fever last vaccination _____	
HIB/Haemophyllis Influenza B 1. _____ 2. _____ 3. _____ booster _____	BCG/PPD testing/Tuberculosis vaccine: Last test _____ Chicken pox: varivax _____ Rabies: 1. _____ 2. _____ 3. _____ Other: _____		

### C Other health information

Does your child have a hearing problem?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have problem seeing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
When was your child's last dental appointment?		
Has your child had any of the following illnesses?		
Asthma <input type="checkbox"/>	Hives <input type="checkbox"/>	Allergies <input type="checkbox"/>
Hay fever <input type="checkbox"/>	Convulsions <input type="checkbox"/>	
Is your child on any daily medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain.		
May your child participate in all physical education activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, please explain.		

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