

Application for Student Admission

ENROLLMENT INFORMATION	
Applying for school year	
Potential start date (dd/mm/yyyy)	
Applying for School Section	<div>Early Years (Kindergarten)</div> <div>Primary (Grade 1 - Grade 5)</div> <div>Secondary (Grade 6 - Grade 12)</div>
Applying for Grade	
How did you hear about us?	

APPLICANT'S PERSONAL INFORMATION		Must be identical to passport!		
First Name				
Middle Name(s)				
Last Name(s)				
Preferred Name				
To which gender identity does the applicant most identify?	Male	Female	Gender Non-Conforming	
Date of birth (dd/mm/yyyy)				

PARENT INFORMATION			
Parent 1 most closely identifies as:	Father	Mother	Other
First Name			
Last Name(s)			
Email address			
German mobile number			
Employer / Company			
Parent 2 most closely identifies as:	Father	Mother	Other
First Name			
Last Name(s)			
Email address			
German mobile number			
Employer / Company			
Parents marital status			
Applicant lives with	Parent 1 and Parent 2	Guardian(s)	
	Parent 1 only	Parent 2 only	
Sole custody of applicant	Parent 1 has sole custody	Parent 2 has sole custody	
In case of guardianship / sole custody please provide documentation with this application.			

ADDRESS	
Address in Hannover area	
Phone number in Hannover area	
Address before arriving	
Phone number before arriving	

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GUARDIAN (IF APPLICABLE)	
Relation to student	
First Name	
Last Name(s)	
Address in Hannover area	
Email address	
German mobile number	

SIBLINGS OF APPLICANT		see last page if more space is needed		
Name	Date of birth (dd/mm/yyyy)	Gender	Grade	Enrolled at ISHR
				yes no
				yes no
				yes no

CENSUS INFORMATION	
Applicant nationality(ies)	
Applicant language(s)	
Applicant city of birth	
Applicant country of birth	

LANGUAGE PROFICIENCY	
English Ability	None Basic Good 1st language
How many years has the applicant been learning English?	Spoken English _____ Written English _____
German Ability	None Basic Good 1st language
How many years has the applicant been learning German?	Spoken German _____ Written German _____
Which languages are spoken at home?	
Parent 1 preferred language	_____
Parent 2 preferred language	_____

PREVIOUS EDUCATION		see last page if more space is needed	
Name / City of School/Kindergarten	Dates Attended	Grade(s) Attended	

LAST SCHOOL / KINDERGARTEN ATTENDED			
School			
Contact Person			
Postal Address			
Email		Telephone	

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STUDENT SERVICES

Admission to ISHR is not contingent upon answering the following questions. The information provided ensures that necessary supports are in place for your child.

- Have you or previous teachers had any concerns regarding the following?
Academic Progress Behavior Ability to concentrate
- Has your child ever been evaluated for a specific learning or behaviour concern? Yes No
- If so, please indicate the area of need: Dyslexia Dysgraphia Dyscalculia ADHD Autism
Other
- Are assessments or diagnostic tests available for the specified disability? Yes No
- Does your child have an IEP (Individualized Education Plan) or ILP (Individualized Learning Plan) from the current school? Yes No
- Does your child have any other needs that you'd like to share?

PAYMENT / BILLING INFORMATION

School fees will be paid	privately	by employer
Billing Address (mandatory)		
Billing contact person		
Additional billing information		

APPLICATION PROCEDURES FOR ALL SECTIONS

Applications will be considered by the school when all the following material has been received. A complete application must include the following: (please tick each item that is included)

- An email or letter explaining the reasons for applying for Admission to ISHR
- A completed and signed application form which includes a recent photo of the applicant
- A scan of the applicant's passport page(s) or birth certificate (both passports if the applicant has dual citizenship)
- Any additional documentation required above (sole custody/guardianship)

Early Years (Kindergarten)

Reports or description of progress in current/previous kindergarten with a focus on social and emotional development (if applicable).

Primary and Secondary School (Grade 1 – Grade 12)

Complete previous records/reports including any evaluations for the past 2 years in English or a certified translation.

ADMISSIONS CORRESPONDENCE

All admissions correspondence and documents should be addressed and sent to the following:

Admissions Office

Phone +49 511 270426 280
Fax +49 511 270416 51
Email admissions@is-hr.de

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LEGAL NOTICE

By submitting this form, Parents/Guardians confirm that:

- all information given in this document is complete and correct and that no pertinent information has been omitted;
- they give ISHR the permission to internally save and distribute the submitted data and, if needed, to share it externally with third parties processing data on behalf of ISHR. This consent may be revoked with future effect by sending an email to adminoffice@is-hr.de.
- they have read and agreed to the [data protection policy of ISHR](https://www.is-hr.de/admission/application) which can also be found on www.is-hr.de/admission/application.
- in case of joint custody, both parents comply with this application.

Date:

Use the space below to add any additional information as needed



Consent to release of Confidentiality/Disclosure of Personal Data

Dear Parents & Guardians,

Safeguarding and Child Protection is a top priority at our school. In order for our Safeguarding team to do their job diligently to protect and support your child/children in the best possible way, we need your cooperation and consent to the disclosure of your child/children's personal data.

First name and surname of the student:

Birth date:

Address:

I hereby consent to the transferral of personal data for Child Safeguarding purposes as well as school social work at the International School Hannover Region and I agree that the necessary data may have to be obtained from the previous school.

I hereby consent to the release of personal data for safeguarding purposes to the following personnel:

- the school administration
- the Safeguarding and Child Protection Team
- the educational psychologist
- the school counsellors
- the teachers who teach the above-mentioned students

regarding the following purpose:

- child protection
- emotional and social health

and hereby release them from an existing duty of confidentiality.

This consent is voluntary and can be revoked at any time in the future.

If you have any questions, please contact **Astrid Scharf** (astrid-scharf@is-hr.de) Designated Safeguarding Lead or **Julian Parkin Haig** (julian-parkin-haig@is-hr.de) Deputy Designated Safeguarding Lead.

Date:

Signature of parents/guardians:

Signature of the student: (16 years and older)



Einwilligung zur Entbindung der Schweigepflicht/Weitergabe von personenbezogenen Daten

Sehr geehrte Eltern, sehr geehrte Sorgeberechtigte,

Kinderschutz - und Sicherheit haben oberste Priorität an unserer Schule. Damit unser Kinderschutzteam seine Aufgaben geflissentlich erfüllen und ihr Kind/ ihre Kinder bestmöglich unterstützen kann, benötigen wir ihre Zusammenarbeit und Einverständnis zur Weitergabe von personenbezogenen Daten ihres Kindes/ ihrer Kinder

Vorname und Name der Schülerin/ Schüler:

Geburtsdatum:

Anschrift:

Hiermit willige ich an die Übermittlung von personenbezogenen Daten zum Zwecke der Aufgabenerfüllung der Kinder- und Jugendsicherheit - und Schutzes sowie der Schulsozialarbeit an der International School Hannover Region ein und erkläre mich einverstanden, dass dazu notwendige Daten ggfs. aus der vorherigen Schule eingeholt werden müssen.

Hiermit willige ich in die Übermittlung von personenbezogenen Daten zum Zwecke der Aufgabenerfüllung des Kinderschutzes an der Schule an

die Schulleitung
das Kinderschutzteam (Safeguarding and Child Protection Team)
die pädagogische Psychologin (Educational Psychologist)
die Schulsozialarbeiterinnen
die Lehrkräfte, die o.g. Schüler unterrichten

hinsichtlich folgender Punkte

Kinderschutz
emotionale und soziale Gesundheit

ein und entbinde diese insoweit von einer bestehenden Schweigepflicht.

Diese Einwilligung ist freiwillig und kann jederzeit für die Zukunft widerrufen werden.

Bei Fragen kontaktieren Sie bitte **Astrid Scharf** (astrid-scharf@is-hr.de) Designated Safeguarding Lead oder **Julian Parkin Haig** (julian-parkin-haig@is-hr.de) Deputy Designated Safeguarding Lead.

Datum:

Unterschrift der Eltern/ der Sorgeberechtigten:

Unterschrift der Schülerin bzw. des Schülers: (mit Vollendung des 16. Lebensjahres)