

STUDENT APPLICATION FORM



1. Student Information

Name and Surname:	Date of Birth (dd/mm/yy)	Nationality	Passport No.
Age:	Gender: M F	Is there a sibling at ILG School?	
<input type="checkbox"/> Pre-School	<input type="checkbox"/> Pre – K	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Elementary - Grade Entering
Arrival date in Prishtina: (dd/mm/yy) Kosovo: (dd/mm/yy)	Probable ILG starting date: (dd/mm/yy)	Estimated length of stay in	

2. Parent/Guardian Information

Name and Surname	Relation to Student
Address/Area	City
Home Phone	Work Phone
Mobile 1	Mobile 2
E-mail 1	Alternate E-mail
Place of Employment in Kosovo:	

Name and Surname	Relation to Student
Address/Area	City
Home Phone	Work Phone
Mobile 1	Mobile 2
E-mail 1	Alternate E-mail
Place of Employment in Kosovo:	In case of an emergency contact:

3. Additional Guardian(s)

The following person(s) has permission to pick up my child from school:	
Name and Surname	Mobile
Name and Surname	Mobile



4. Student Profile

Student Name: _____

Date of Birth ____/____/____ (dd, mm, yy)

Pre-School Pre-K Kindergarten Elementary Grade _____

1. What is your child's first language?
2. What is the primary language your child speaks at home?
3. How would you assess your child's English? Fluent ____ Some ____ Minimal ____
4. Has your child ever been assessed for English as a Second Language (ESL) assistance?
If 'Yes', how many years of school instruction in ESL? _____ How long with a private English tutor? _____
5. What academic subject(s) does your child enjoy and excel in?
6. Give an example that illustrates the way your child learns.
7. Are there areas of your child's education that you have specific concerns about? How would you like to see him or her improve?
8. Has your child ever been assessed or referred for learning differences and/or physical development needs? If 'Yes', please explain and/or attach an English copy of any relevant psychological report and/ or Individual Educational Plan (IEP), 504 accommodation.
9. Please list your child's interests, hobbies and extra curricular activities.
10. What causes your child to feel especially good about him/herself? E.g. activities, talents, acquired skills, or specific ways of communicating that your child responds to especially well.
11. What are your child's interests outside of school?
12. What is your child's favourite book and favourite movie?



5. Medical Information

Please list any known allergies your child may have.

Food allergies

Drug allergies

Are there any medications that your child must take during school hours? Please list and explain.

Please check the areas below that apply to your child and explain below...

- Asthma
- Epilepsy
- Diabetes
- Anemia
- Polio
- Chicken Pox
- Tuberculosis
- Cardiac problems
- Hepatitis

- Chronic illnesses
- Serious injuries
- Frequent infections
- ADD/ADHD
- Autism
- Dyslexia
- Depression
- Dental Problems
- Other specify

Explain...

Other areas of concern...

Parent/Guardian Signature _____

Date Submitted _____