



Application for Enrolment

Please complete **all** sections of the form and indicate your response in the appropriate box.
A 100 USD non-refundable application fee must accompany this application form.

Student's first name/s _____ Family name _____

Date of birth _____ Gender Male Female

Grade applied for _____ Nationality _____

Proposed admission date _____ Estimated period of attendance at ISH _____

Siblings at the school? Yes No

If yes, list below

LANGUAGE INFORMATION

Student's first language _____ Languages spoken at home _____

Competency in English Excellent Fluent Fair Poor None

Other languages spoken _____ Fluent Fair Poor

_____ Fluent Fair Poor

FAMILY DATA

Child's home address (In Cuba)

Home telephone number(s) _____

Living with (check any/all that apply)

father/ mother step-father / step-mother guardian

adoptive parent legal custodian foster parent

Father's / Guardian's Information

Name _____ Relationship to student _____
Nationality _____ Occupation _____
Diplomat Yes No Place of employment _____
Telephone numbers home _____ work _____ cell _____
Email(s) _____
What's App contact _____

Mother's / Guardian's Information

Name _____ Relationship to student _____
Nationality _____ Occupation _____
Diplomat Yes No Place of employment _____
Telephone numbers home _____ work _____ cell _____
Email(s) _____
What's App contact _____

PARTICIPATION IN SCHOOL ACTIVITIES

The school expects that all students will take part in all school activities.

Please describe any special circumstances that may affect your child's participation in school activities:

EDUCATIONAL BACKGROUND

School Name _____ Country _____
Start Date _____ (Month and Year) Public Private EAL Mainstream
End Date _____ (Month and Year) Urban Rural Bilingual
Grades _____ Language of Instruction _____
accelerated / advanced grade-appropriate attended pre-school
attended kindergarten special programme / IEP
Relevant documents pertaining to the above and transcripts provided: Yes No

School Name _____ Country _____

Start Date _____ (Month and Year) Public Private EAL Mainstream

End Date _____ (Month and Year) Urban Rural Bilingual

Grades _____ Language of instruction _____

accelerated / advanced grade-appropriate attended pre-school

attended kindergarten special programme / IEP

Relevant documents pertaining to the above and transcripts provided: Yes No

PROVISION IN CASE OF EMERGENCY

The school has my permission in an emergency when/if I can not be contacted, to take the following actions:

*The school will take action based on the opinion of the school nurse.
If the nurse is unavailable, decisions will be made by school administrators.*

Your child will be taken to the emergency room of the nearest hospital (usually Cira Garcia).

I authorise the hospital and its medical staff to provide the treatment which the attending physician deems necessary for the well-being of my child.

Sign Here

Signature of Parent/Guardian _____ Date _____

OR *I do not wish to sign the above provision and therefore I release the school of all responsibility should an emergency arise when I can not be contacted.*

Sign Here

Signature of Parent/Guardian _____ Date _____

PERMISSION TO LEAVE SCHOOL PREMISES

I authorise my child to leave the school premises:

- *at the end of the school day*
- *for any authorised business*
- *in the case of emergency school closure*

as follows:

- accompanied by a member of the family*
- accompanied by a staff member for a field trip*
- accompanied by the parent of another child enrolled in the school*
- accompanied by peers (Secondary students only)*

- unaccompanied (Secondary students only)
- only accompanied by a parent/guardian
- only in the company of the following individual _____

Sign Here Signature of Parent/Guardian _____ Date _____

USE OF SCHOOL TRANSPORT DURING THE SCHOOL DAY

I agree that, during any school day, my child/ren may be transported to and from the Early Years Learning Centre, the Main Campus or the Calle 22 High School Campus or to and from these campuses and sporting facilities used by the PE department in school owned and operated vehicles and/or those operated by professional transport companies organised by the school.

Sign Here Signature of Parent/Guardian _____ Date _____

EMERGENCY CONTACT INFORMATION

Emergency contact name _____

Telephone numbers home _____ work _____ cell _____

Relationship to child _____

I authorise the primary contact information provided herein to be published in the school directory and/or shared with other parents by the PTA.

Yes No

I authorise the school to send me electronic information and publications to the email address shown here

Yes No Email _____

My preferred language for receiving electronic information from the school is

English Spanish (when available)

Sign Here Signature of Parent/Guardian _____ Date _____

ENROLMENT TERMS AND CONDITIONS

I agree to and accept all of the following:

- i. The application, enrolment and annual capital development fees payment and schedule*
- ii. The annual school fees and transportation fees (if applicable) due and the corresponding payment schedules*

- iii. The school year calendar and attendance requirements
- iv. School rules, the student disciplinary and dress codes

- v. The school contacting any previous school if necessary/applicable

Other conditions:

I agree to inform the school within 15 days if any of my contact details change

For parents/guardians of secondary school students:

Do you allow your son/daughter to bring electronic devices to the school with the understanding that the school cannot be held responsible for the loss, damage or theft of those devices?

Yes

No

Sign Here

Signature of Parent/Guardian _____

Date _____

IN CASE OF COMPLAINT

I am aware that the school's governing law is that of Cuba.

In case of claims made by parents for indemnification or any other type of claim against the school, and/or its personnel and/or directors, these may only be conducted through the Cuban legal system. In all cases and judgments, Cuban law will apply.

Sign Here

Signature of Parent/Guardian _____

Date _____

INSURANCE

The school has limited accident insurance coverage for ISH students both on and off campus, while engaged in school sponsored activities. The coverage is through the UK insurance market. Details are available from the Finance Office so that parents who so desire, may arrange additional coverage with a provider of their choice.

TRANSITION

I agree to participate in the orientation and transition process organized by ISH and the Parent Teacher Association (PTA).

Sign Here

Signature of Parent/Guardian _____

Date _____

REQUIRED DOCUMENTATION TO COMPLETE THE APPLICATION PROCESS

Please attach to this form the following documentation for the Registrar Office:

- a) photocopy of a valid non-Cuban passport in the student's name;
- b) photocopy of a valid non-Cuban passport in the name of one or both parents;
- c) copy of the student's vaccination records;
- d) the completed Application Form;

- e) the completed Medical Form signed by a doctor;
- f) a transcript or other appropriate academic record/report from the student's previous school (except for students applying for Early Years and/or Kindergarten);
- g) any and all previous special education evaluations of the student;
- h) receipt from Finance Office of the application payment.

Sign Here

Signature of Parent/Guardian _____ Date _____

SCHOOL USE ONLY

Form received by _____ Date _____

Application fee paid Yes No Finance stamp & signature _____