



Telephone

The International School of ÄlmhultElmeskolan Handelsvägen 11, Älmhult, Sweden School office 0476-554 95

Älmhults kommun

APPLICATION FOR ENROLMENT (MYP)

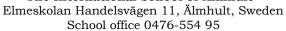
APPLICATION FOR ENR	OLMENT (MY	(P)			
Personal Data - Child					Please affix
Family Name]	photo here
First Name					
Date of Birth		Nationality			
Place of Birth		Swedish 'per	sonnumber'		
Proposed date of Entry		Email			
Gender: ☐ Male ☐ Fe			se give names	and their class	es.
Home Address					
Street					
City			Postal (Code	
Country					
Email					
Telephone nr					
How long do you plan to res	side in Sweden?				
Why are you applying to the	e International s	school of Älmhult?			
How did you hear about us?	? □ Employe	r/Business Contact	☐ Website	☐ ISÄ Family	☐ Other, specify
Personal Data – Family					
Guardian 1					
Last Name		First Name			
Relationship to Child		Nationality			
Languages Spoken		•		•	
Employer		Position/Fun	ction		
Address		•		•	



Email









Guardian 2

Last Name	First Name				
Relationship to Child	Nationality				
Languages Spoken					
Employer	Po	Position/Function			
Address					
Telephone	Em	nail			
Student Language Profi	le				
Mother Tongue (1st langu	age)				
How many years of school	I has your child had in this	s language?			
What language(s) does yo	our child speak at home?				
What media of instruction	n (language) does your chi	ld use at			
the current school? How	many years?				
Are you interested in apply Please complete the follow			ally speak a la	nguage other	than English at home.
What language did your o	hild FIRST speak?				
What language do you M	OST OFTEN use when spea	aking to your cl	nild at home?		
What language does your	child MOST OFTEN speak	at home?			
What language does your	child MOST OFTEN speak	outside the ho	me?		
Has your child studied Engl	ish: □ Yes □ No				
Please indicate years and	hours per week				
Has received EAL/ESL/ELA	support: 🗆 Yes 🗆 N	lo			
Please indicate years and hours per week					
	1				

Schooling History

Present School

Address	Grade(s)
Language of Instruction	Telephone
Mentor's Name	Mentor's Email
Previous School 1	Dates attended
Previous School 1 Address	Dates attended Grade(s)

Dates attended







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Previous School 2		Dates attended	
Address		Grade(s)	
Language of Instruction	Telephone		
What are your child's extra-	curricular interests/hobbies?		
Has your child ever experier	nced academic/social/emotion	al/behavioral needs in school? 🔲 Y	'es □ No
If yes, please explain			
Has your child ever received	or been recommended for ex	tra support in or outside of school?	☐ Yes ☐ No
If yes, please explain			
Has your child ever received provide an English translation Psychological Assessment: Occupational Therapy: Vaccination Card: Physical Therapy: Speech and Language Thera	on of the documents) Yes No Yes No Yes No Yes No	answer is 'yes' to any of these question	ons, please
appropriate documentation school should find that you	, from the school or any other	s, you need to complete this application medical of psychological investigation te documentation, we will revisit the	ns. If the
 Have your child und Have your child diff Is your child hearing 	d an individual plan/action plan dergone any investigations? ferentiated tasks ex working or g impaired or blind? ed one to one support?	n, with personal adaptations? n materials fit for a lower age group?	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Educational Level

English

(Make sure that this field is filled in by your child's teacher)

	Performance				Effort		
	Not yet up to grade level expectations	Meeting grade level expectations	Consistently exceeding expectations	Modified programme*	Improved effort needed	Good effort	Expectional effort
Reading			-				
Writing							
Listening							
Speaking							

^{*}Please describe nature of the modifications.







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Swedish				
What is your child's level in Swedish: ☐ No Swedish ☐ Beginner ☐ Advanced ☐ Native				
Choices				
Within some grades, students have to choose between certain subjects. Please, after deliberating with your child, indicate the preferred choice (choose only one per option). We strive to give your child the option that is preferred, if possible.				
For students MYP 2, 3, 4 and 5:				
Dietary				
Does your child have any allergies (e.g. lactose, gluten)? Allergies require medical certificate.				
Does your child follow an alternative food diet? (E.g. veg, no pork/beef, no fish)				
Does your child require medicine if eating the "wrong" food? If so, give information on the medication.				
Please let your child answer the following questions.				
What do I want to know from my new school?				
What do you want your new teachers to know about you?				
Fritids (Before and After-School Care)				
Fritids is a before and after-school programme for students to continue their education in meaningful, informal and organized way, whilst allowing parents to stay at work or study. It is for all students until the age of 13 (incl. MYP 1 and 2). However, for your child to be eligible to attend Fritids, both parents must be working or studying and therefore need care for their children outside of school hours. Otherwise one has right to 2 afternoons a week.				
Does your child need to attend Fritids: \square Yes \square No				







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Feel free to add any comments you wish the school, or the future teachers, need to know about your child. It could also include questions if you have any.			
Documents that need to be	submitted		
To make your application com	plete, make sure th	at you include the following documents.	
	Possible ATL skill r Letter of Employm Vaccination Repor Contact details of		
(so make sure you bring it from also be that they ask you to tra	ou within the first fon a abroad in case you nslate the vaccinati	ew weeks of enrollment. This is to ask for your child move to Sweden) and to fill in a medical information on report cards, but this is not always needed.	's medical journa
If applying for mother tongue o	lasses		
	Mother Tongue Fo	rm or sign up via https://etjanst.almhult.se/oversik	t/overview/45
If applying for Fritids			
	Income Declaratio Fritids Application		
Signing			
Signature of both Pare	ents/Guardians ¹	Date	
Please send this application to: The International School of Älr Box 501, SE-343 23 Älmhult Or send it through email at: theinternationalschool@almh	mhult,		



¹ If there is only one parent/guardian, mention it in the comment section on page 4.





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Älmhults kommun

FOR OFFICE USE ONLY

Date Received	Class/Section apply	
Year of Entry	Starting date	
Mentor Informed	Managebac Details added	

Addendum

Admission Criteria

Criteria:

The school is run by the local Board of Education and is open to international families living in the area on a temporary basis. The criteria for admission are:

- Pupils in international families moving to Almhult and staying for a limited time.
- Pupils in families moving to Älmhult or the region who have attended an International School abroad for a major part of their education and therefore have a reason to complete his / her education in an International School. Having attended an International Preschool is not a given condition to be enrolled.
- Pupils living permanently in Älmhult or the region who in the near future will continue their education in an International School abroad.
- Pupils from a home in which English is the language spoken by one or both parents and who have sufficient knowledge of the language to participate in classes (Pupils need, by law, to be able to speak enough English to follow the lessons. This is not a criterion for pupils starting the pre-school).

That said, pupils with significant educational needs are not entitled to international schooling according to the Swedish Education Act. This includes pupils who are eligible for Specialskolan, Chapter 7 §§5 and 6, and pupils who are deaf and/or blind, or with severe language impairment. Additionally, pupils living outside of Älmhult's municipality need to get permission from the residing municipality.

Applications are accepted throughout the year if one of the admission criteria is met. Offered places are subject to the number of available places in the respective grade — otherwise the pupil will be placed in our waiting pool.

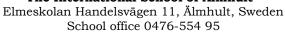
Pupils are placed based on their age in the given class. An exception is regarding admission to MYP 5: in case of no previous IB experience, a pupil will be placed in MYP 4 instead.

We always try to arrange a meeting with both the student and parents prior to entry to school. We want to present the school and our curriculum and try to get to know the family beforehand.











Information provided in accordance with the General Data Protection Regulation

Data controller	Education Committee
Purpose of the processing	Contact details for guardians.
	Organization of mother tongue education.
	Details for the kitchen.
Legal basis	Public interest, legal obligation
Categories of personal data that will be processed	Name, date of birth, class, school, email, address, phone
	number, mobile number, workplace, phone number to
	workplace, mother tongue, health (special diets, allergies)
Voluntary	You decide whether or not you want to provide us with any
	data. However, please note that the data is required for the
	intended purpose.
Data recipients	Staff and Kitchen
Storage	Your data will be preserved
Rectification	You have the right to request rectification of incorrect data
	and the erasure of your personal data.
Right of access	Once per calendar year, you have the right to receive
	information, free of charge, about whether personal data
	about you is being processed and to receive a copy of this
	data. A fee may be charged for further copies.
Department contacts	Telephone switchboard: + 46 476-550 00
	Email: utbildning@almhult.se
Data Protection Officer	Älmhult Municipality, Box 500, 343 23 Älmhult
	Telephone switchboard: +46 476-550 00
	Email:dataskyddsombud@almhult.se
Complaints	You have the right to submit complaints to the Swedish Data
	Protection Authority
More information is available at www.almhult.se/gdpr	<u> </u>
www.datainspektionen.se	

