

**Application for Enrollment**

**Part Two – Confidential Recommendation and Request for School Records**

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*This form is for students applying to Secondary School (PYP2 - DP 2).*

To parent/guardian: **Please fill out Section A** and give this form to your child's current school to be completed and endorsed with the school stamps. Parents may not return this form to International School Carinthia. The child's current school must send this form directly to ISC in order for it to be accepted and processed. Thank you for your compliance.

**Section A**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize (*fill in name of current school*) \_\_\_\_\_ to release my child's school records to International School Carinthia.

Parent/Guardian Signature and Date: \_\_\_\_\_

**Section B**

To the teacher, counselor, or director: We appreciate your cooperation in providing us with school records and a confidential recommendation for the above-named child. Please forward school records or transcripts of evaluations and grades. If the child left the school before the end of term, please include evaluations/grades up to the time of withdrawal.

Please include the following items with this recommendation:

- School records/transcripts for the last two years
- Credit awarded, if appropriate
- Copies of any standardized test results
- School Profile, information on grading system
- Any other information you consider may be helpful

**Approaches to Learning**

	Improvement Needed	Satisfactory	Good	Excellent	Not Applicable
Attends class punctually and ready to work					
Works cooperatively					
Works independently					
Participates in classroom activities and discussions					
Actively listens in class					
Organizes time effectively					
Completes assignments on time					
Concentrates					
Seeks help when necessary					
Demonstrates effort					

Has the student ever received or been recommended for extra support? If yes, please explain:

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Has the child ever received:

Psychological Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech and Language Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the above, please include reports of testing and/or therapy, as well as any recent Individual Educational Plans (IEPs).

Personal Characteristics

	Improvement Needed	Satisfactory	Good	Excellent	Not Applicable
Motivation					
Conduct					
Self-Confidence					
Independence					
Leadership					
Response to Criticism					
Concern for Others					
Respect for Individual Differences					
Responsibility					
Relationships with Peers					
Relationships with Adults					
Emotional Maturity					

Please note any academic, personal, and/or behavioral concerns you have about the student:

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Has the student ever received any serious disciplinary sanctions?     Yes     No

If yes, please explain: \_\_\_\_\_

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Please describe the student's particular academic and personal strengths:

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Has the student made a significant contribution to your (school) community?

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Recommendation

I recommend this applicant for admission:                      Not at all / With reservation / Strongly / Enthusiastically

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this confidential recommendation.

Please return this application to:

**International School Carinthia, Rosentaler Straße 15, 9220 Velden, Austria**

**Telephone: 0043 (0)4274 – 5247110**

**Fax: 0043 (0)4274 – 5247199**

**Email: [office@isc.ac.at](mailto:office@isc.ac.at)**