INTERNATIONAL SCHOOL of TIANJIN

Working Learning Acting TOGETHER

Application Form D: Student Transfer Information

Dear School Representative,

The following student has applied for admission to the International School of Tianjin (IST), People's Republic of China. IST is an English medium, co-educational day school servicing the diverse expatriate community of Tianjin. The school is fully authorized to follow the curricula of the International Baccalaureate (PYP, MYP, and Diploma) and is jointly accredited by the Council of International Schools (CIS) and the Western Association of Schools and Colleges (WASC).

IST student admission policies require that adequate information be obtained to ensure that there is appropriate alignment between each student's needs and abilities and the programmes offered by our school. To this end we request that you please complete the brief form that follows and return it directly to IST's admission office at info@istianjin.org.cn

Note: Responses provided remain strictly confidential and do not form part of the student's permanent record.

Student Name: _____ _____   Date of Birth: _____ /_____ / _____
                           Last Name   First Name   Day   Month   Year

Current Grade: _____   Applying for Grade: _____

Current school name and location:
_____

Level of English language proficiency: Beginner   Intermediate   Fluent

Summation of the student's overall academic level relative to normal expectations for his/her current grade level:
        Experiencing some difficulty   Within the normal range   Excelling

General school conduct/attitude: Poor   Good   Exemplary

Please comment on any special interests, abilities or achievements:
_____
_____

Has this student been recommended for or received additional help or special education services at your school?
        Yes (If yes, please record what services and for how long?)   No
_____

Are there any ongoing areas of academic, personal, social, or behavioral concern?
_____
_____

Additional comments:
_____

Name of school representative completing this form: _____

Position: _____   Email: _____

Telephone: _____   Date: _____