

Application Form B: Student Educational Information

Previous Schools

Name of School + City & Country (Please begin with the most recent)	Curriculum type (e.g. IB, American/ British, Korean etc)	Attended From (Month/ Year)	Attended To (Month/ Year)	Grades/ Years Completed	Language of Instruction

Note: American Kindergarten = British Year 1; Grade 1 = Year 2 etc. to Grade 12 = Year 13

Birth and Early Childhood Information

- Did your child experience any significant health, learning or other difficulties during his or her first five years of life? Yes No
- Has your child experienced difficulties with physical development which limit his or her running, jumping, balance or coordination? Yes No
- Has your child ever been to see an occupational or physical therapist? Yes No

If "Yes", to any of the above questions please comment: _____

Student's Detailed Information

- Has the student previously submitted an application to IST? Yes No
- Has the student previously attended IST? Yes No
- Has the student ever repeated a grade level? Yes No Which? _____
- Has the student ever skipped a grade level (double promotion)? Yes No Which? _____
- Has the student ever been asked to leave a school? Yes No
- Has the student received any special academic or psychological support testing? Yes No
- 6a. If "Yes" to #6, please indicate which service by checking the appropriate box and include a copy of the most recent assessment report for this service at the time of the student interview.

<input type="checkbox"/> ESL (English as a Second Language)	<input type="checkbox"/> Gifted and Talented
<input type="checkbox"/> Behavior Support	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Speech/Language Therapy	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Remedial/Learning Support	<input type="checkbox"/> Learning Difficulty/Disability
<input type="checkbox"/> Other _____	

Please Comment Briefly About:

- Applicant's greatest strengths, talents and/or interests (eg. academic, social, sporting, artistic, awards received etc.):

- Areas of Concern that you have about your child (Academic and/or Social):

Additional Comments: _____