



STUDENT APPLICATION

Date: _____

Student's Full Name: _____
Surname Given Middle

Preferred Name/Goes by: _____ Male Female

Citizenship: _____ Passport #: _____ Day Boarding

Birth Date: _____ SS#/SIN/IC: _____
DD / MM / YY

Current Grade: _____ Application for Grade: _____ To Begin School: _____
(Month/Year)

Religion: _____ Language spoken at home: _____

Student's home e-mail: _____

Recent
Photo

(please attach)

ACADEMIC INFORMATION

Name of last school attended: _____ Phone: _____

School mailing address: _____ Fax: _____

Complete school history:

| School Name | Location | Date and Grade Enrolled | Date and Grade Withdrawn | Language Spoken at School |
|---|--------------------------|-------------------------|--------------------------|---------------------------|
| <i>Example: International School of Bangkok</i> | <i>Bangkok, Thailand</i> | <i>Sept. 98/grade 7</i> | <i>Dec. 00/grade 9</i> | <i>English</i> |
| | | | | |
| | | | | |
| | | | | |

Have you ever repeated a grade, had an IEP (Individual Education Program), skipped a grade, or been in an accelerated instruction program?

Yes No If yes, please provide details.

Have you ever been suspended or dismissed from a school for academic, disciplinary or other reasons?

Yes No If yes, please provide details..

Has this child ever previously applied to or been enrolled in Dalat International School? If yes, when?

Yes No If yes, please provide details.

FAMILY INFORMATION (to be completed once per family)

| | |
|---|---|
| Father's full name (Dr./Mr./Rev.) Father / Stepfather | Mother's full name (Dr./Mrs./Ms.) Mother / Stepmother |
| Passport #: | Passport #: |
| Occupation/profession: | Occupation/profession: |
| Business name/address: | Business name/address: |
| Business/hand phone: | Business/hand phone: |
| Home address: | Home address: |
| Home phone: | Home phone: |
| Home e-mail: | Home e-mail: |

Married Divorced Separated Widow Other _____

| Other Children at Home | Schools Attending or Occupation | Age |
|------------------------|---------------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

While at Dalat International School my child intends to live with Parents Dorm Relative Guardian

Name of Relative or Guardian (if applicable): _____

** Please note that the Malaysian ministry expects, and Dalat International School requires, that all students live with parents, close relatives, or in the school dormitories.*

STUDENT ADDRESS AND TELEPHONE INFORMATION (in Penang):

EMERGENCY CONTACT INFORMATION (other than parents)

Name: _____ Phone: _____

Relationship to student: _____

GENERAL INFORMATION

Why is Dalat your choice for your child's education?

How did you learn about Dalat International School?

Please add any comments that will assist us to better understand your child as they begin at Dalat International School.

STUDENT INFORMATION (for grades 3-12, to be completed by the student in his/her own words).

1. On the following scale mark your desire to attend Dalat International School. (not much-low) (very much-high)
1 2 3 4 5
2. Why do you want to attend Dalat International School? _____

3. What is your greatest concern? _____

4. What single event has had the greatest impact on your life? How has it affected you? **(For grades 3-5 please write below. For grades 6-12 please attach a full page, handwritten response to these questions.)**

ADMISSION PROCEDURE

- Payment of application fee of RM 250.00
- Application and documentation received
- Application and documents checked for completeness
- ESL testing, if necessary
- Application reviewed by Admissions Committee
- Interview with parents and applicant, if necessary
- Letter, e-mail or phone call of admissions decision

APPLICATION CHECKLIST

- The non-refundable application fee of RM 250.00 (checks payable to Dalat International School)
- Previous school records, including current grades and standardized test scores
- Teacher Reference Form
- Principal/Counselor Reference Form
- Current picture of the applicant
- Student Health Form, including immunization records
- Photocopy of student's passport
- Photocopy of father's passport
- Copy of student's birth certificate

ADDITIONAL DOCUMENTS REQUIRED (boarding student)

- Supplemental Boarding Information
- Name of father's company
- Position of father in company
- Four current photographs for student visa

NOTICE OF NON-DISCRIMINATORY POLICY

Dalat International School admits students of any race, religion, sex, national/ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, sex, national/ethnic origin in administration of its educational policies, athletic and other school programs.

Please read this page before signing

STATEMENT OF FAITH

We believe in God the Father, Son and Holy Spirit; in the verbal inspiration of the Holy Scriptures as originally given; in the substitutionary atonement of the Lord Jesus Christ and the eternal salvation of all who believe in Him and the eternal punishment of all who reject Him.

APPLICABLE WHEN UNDER SCHOOL JURISDICTION

- If, in the opinion of a properly licensed and practicing physician, our child needs medical or surgical services which require our consent before being supplied, and we cannot be reached, we hereby authorize, appoint, and empower the director or his/her designee to furnish on our behalf such written or oral authorization as may be so required. Further, we release the director or his/her designee and Dalat International School from any liability which might arise from giving of such authorization, it being our desire that our child be furnished with such surgical services as soon as reasonably possible after the need arises.
- We give permission for our child to take part in all school activities, including sports and school sponsored trips away from the school premises. We undertake to immediately inform Dalat International School of any change in our child's medical condition. We absolve Dalat International School from all liabilities arising out of any injury at school, during any school dorm activity, save for gross negligence on the part of Dalat International School, or because of any previous medical condition.
- We give permission for our child to receive academic and/or personal counseling by a counselor at Dalat International School. As parents, we will be provided with necessary and relevant information regarding on-going, long-term counseling as appropriate and consistent with the counselor's ethical responsibilities toward the student. Confidentiality does not apply to situations of reported or suspected child abuse, situations in which the student may harm him/herself or others, and/or is in danger of being harmed.
- We give permission for our child to be photographed for use in the school's handbooks, ID cards, school website and advertisements, and in the school yearbook.

Submission of this application confirms my support for Dalat International School and its policies as stated in the Student and Parent Handbook (available upon request) and Residence Life Handbook. I have read and understand Dalat's Statement of Faith. I agree to withdraw my child when I feel I can no longer support these policies.

To the best of our knowledge, all information on this application is correct.

Parent/Guardian Signature Date DD / MM / YY

Parent/Guardian Signature Date DD / MM / YY

Student Signature (for students in grades 6-12) Date DD / MM / YY

Please return the completed application to:

**Admissions
Dalat International School
Tanjung Bunga, 11200 Penang, Malaysia**

**Tel: (60-4) 899-2105
Fax: (60-4) 890-2141
E-mail: admissions@dalat.org**

Dalat International School is accredited by



Dalat International School is member of





TEACHER REFERENCE FORM

(to be completed by a former English teacher, math teacher, school administrator or counselor)

Applicant's Name: _____ **Date:** _____

Based upon your knowledge of the applicant, please answer the following items as accurately as you can.

1. How long have you known the applicant? _____ In what relationship? _____
2. How well do you know him/her? Well Fairly well Casually
3. To what level is the applicant involved in the activities of your school?
 Highly involved Occasionally involved in activities Attends only classes
4. Does the applicant demonstrate a desire to grow academically? Yes No
5. What do you consider the major strengths of the applicant? _____

6. Does the applicant have any record of drug or alcohol abuse?
 Yes No If yes, please state what kind and to what extent.

7. Has the applicant ever been expelled or suspended from school?
 Yes No If yes, please state reasons.

8. Indicate particular areas of talent, skill, or achievement in which the applicant excels or has won awards:

9. Please note any handicap of the applicant (physical, emotional, social, etc.):

10. Do you recommend this applicant? Without reservation Conditionally Not at all.
11. If you wish to give additional information, please do so.

Please check the appropriate answers. In some areas you may need to check more than one.

| AREAS | RATING | COMMENT |
|---------------------|---|---------|
| Family Life | <input type="checkbox"/> Superior <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| Obedience | <input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable | |
| Emotional Stability | <input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable, moody, upsets others <input type="checkbox"/> Apathetic, irresponsible | |
| Industry | <input type="checkbox"/> Hard worker <input type="checkbox"/> Good dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Needs constant supervision | |
| Sociability | <input type="checkbox"/> Prefers to spend time with others <input type="checkbox"/> Prefers to be alone <input type="checkbox"/> Cooperates reasonably <input type="checkbox"/> Has difficulty relating to others <input type="checkbox"/> Tends to be bossy, argumentative | |
| Judgment | <input type="checkbox"/> Usually mature <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature, erratic <input type="checkbox"/> Poor | |
| Responsibility | <input type="checkbox"/> Excellent, volunteers for tasks <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible | |

Name: _____

Signature: _____

Position: _____

Phone: () _____

School Name: _____

The time and effort you have given to completing this form is appreciated. Please return the completed form to:

**Admissions
 Dalat International School
 Tanjung Bunga, 11200 Penang
 Malaysia
 Fax (60-4) 890-2141**



PRINCIPAL / COUNSELOR REFERENCE FORM

(to be completed by a school principal, guidance counselor or student advisor)

Applicant's Name _____ Date _____

Based upon your knowledge of the applicant, please answer the following items as accurately as you can.

1. Date student enrolled in your school _____ Date student withdrew _____

2. Grade student is currently enrolled in _____

3. What is your position at the school? _____

4. Please check mark the following descriptors that apply to the student's academic habits:

- | | | |
|--|---|------------------------------|
| <input type="checkbox"/> diligent, hard-working | <input type="checkbox"/> does just enough to get by | |
| <input type="checkbox"/> careful, meticulous | <input type="checkbox"/> work is often sloppy | |
| <input type="checkbox"/> honest, demonstrates academic integrity | <input type="checkbox"/> has demonstrated academic dishonesty | |
| <input type="checkbox"/> works independently | <input type="checkbox"/> requires supervision | <input type="checkbox"/> N/A |

5. Please check mark the following descriptors regarding the student's academic ability:

- | | | |
|--|---|------------------------------|
| <input type="checkbox"/> learns new concepts quickly | <input type="checkbox"/> takes longer to learn new material | |
| <input type="checkbox"/> understands easily | <input type="checkbox"/> slow to understand | |
| <input type="checkbox"/> requires very little assistance | <input type="checkbox"/> requires assistance | <input type="checkbox"/> N/A |

6. How does this student rank in the class?

- | | |
|--|---|
| <input type="checkbox"/> at the top of the class | <input type="checkbox"/> at the bottom of the class |
| <input type="checkbox"/> in the middle of the class | <input type="checkbox"/> near the top of the class |
| <input type="checkbox"/> at the lower end of the class | <input type="checkbox"/> not know |

7. Has this student received academic assistance for learning difficulties? Yes No

If yes, please explain. _____

For students applying from non-English medium schools

8. How long has the student been studying English? _____

9. Please check mark the following descriptors regarding the student's English ability:

- speaks English fluently and should be able to attend classes taught exclusively in English
 speaks English quite well and can attend classes taught in English with some assistance
 understands enough English to attend classes but will need considerable assistance
 speaks and understands little English and would need to attend English as a Second Language classes

10. Please comment on how you think this student will do in an American school. Will he or she be successful, why or why not? _____

Signed _____

Date _____



STUDENT HEALTH FORM

STUDENT NAME: _____ SEX: _____ DATE OF BIRTH: _____ GRADE: _____

1. Is your child presently under a physician's care for any reason? _____ If yes, explain: _____

2. Has your child had any INJURY or SURGERY? Please check appropriate boxes and explain:

- | | | | |
|--|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Head (concussion) | <input type="checkbox"/> Wrist | <input type="checkbox"/> Foot | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Hands | <input type="checkbox"/> Toes | <input type="checkbox"/> Shoulders |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Fingers | <input type="checkbox"/> Spine | <input type="checkbox"/> Dislocations |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Leg | <input type="checkbox"/> Neck | <input type="checkbox"/> Muscle strains |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Hip | <input type="checkbox"/> Back | <input type="checkbox"/> Ligament strains |
| <input type="checkbox"/> Teeth | <input type="checkbox"/> Knee | <input type="checkbox"/> Arms | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Jaw | <input type="checkbox"/> Ankle | <input type="checkbox"/> Chest | <input type="checkbox"/> Ostomyeletis |

3. Does your child have any history of the following CONDITIONS? Please check appropriate boxes:

- | | | |
|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Genitalia Problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Persistent Nose Bleeds |
| <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Stomach (ulcer, etc.) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Consistent Cramping |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Ringing in Ears | <input type="checkbox"/> Migraine Headaches |

4. Is your child currently taking any kind of medication? Yes No If yes, please explain: _____

Instructions for medication: _____

5. Has your child taken any medication for emotional/behavioral problems such as Ritalin for ADD/ADHD, Prozac for depression, Xanax for anxiety, etc.? _____ If yes, explain circumstances: _____

6. Does your child have a history of emotional/behavioral problems? _____

7. List childhood diseases (e.g. chicken pox): _____

8. Is your child allergic to any food or medication? Yes No If yes, name food/medication and explain reaction: _____

9. Is your child allergic to bee stings? Yes No If yes, explain reaction: _____

10. Does your child have any problem that limits his/her participation in athletics? Yes No

If yes, explain: _____

11. Does your child have a hearing problem? Yes No If yes, does he/she wear a hearing aid? Yes No

12. Does your child have trouble seeing? Yes No If yes, does your child wear glasses or contacts? Yes No

13. Blood type (if known): _____

| IMMUNIZATION RECORD | DATE – D/M/Y | DATE – D/M/Y | DATE – D/M/Y | DATE – D/M/Y | DATE – D/M/Y |
|------------------------------|--------------|--------------|--------------|--------------|--------------|
| Diphtheria/Tetanus/Pertussis | | | | | |
| Polio | | | | | |
| Measles/Mumps/Rubella | | | | | |
| BCG Skin Test (TB) | | | | | |
| Hepatitis B | | | | | |
| Hepatitis A | | | | | |
| Japanese Encephalitis | | | | | |
| Typhoid | | | | | |
| Chicken Pox | | | | | |
| Small Pox | | | | | |
| Yellow Fever | | | | | |
| Influenza | | | | | |
| Tetanus | | | | | |
| Gamma Globulin | | | | | |
| Other | | | | | |

Signature of Parent/Guardian: _____ Date: _____



PHYSICAL EVALUATION

TO BE COMPLETED BY A PHYSICIAN

| | | | |
|---------------------|---------------|----------------------|--------------------------------|
| Name: _____ | | Date of birth: _____ | |
| Grade: _____ | Height: _____ | Weight: _____ | Pulse: _____ BP: _____ / _____ |
| Vision: R 20/ _____ | L 20/ _____ | Corrected: Y / N | Hearing: _____ |
| Urinalysis: _____ | | | |

PHYSICAL EXAM

| PHYSICAL EXAM | | | |
|------------------------|--|----------------|--|
| Eyes/Ears/Nose/Throat | | Neck | |
| Lymph Nodes | | Back | |
| Heart | | Shoulder/Arm | |
| Pulse | | Elbow/forearm | |
| Lungs | | Wrist/hand | |
| Abdomen | | Hip/thigh | |
| Genitalia (males only) | | Knee | |
| Skin | | Leg/ankle/feet | |

Explain abnormal findings: _____

Cleared for softball, swimming, soccer, volleyball, track, basketball, tennis, badminton, other:

Cleared after completing evaluation/rehabilitation for :

Not cleared for: _____ Reason: _____

Name of physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of physician: _____



Date:

To:

Please be advised that _____ who was previously enrolled in your school has applied to Dalat International School.

Will you please forward to us all scholastic records, health records, test scores, individual educational programs, learning disability testing, and psychological records you may have on the aforementioned student?

Thank you for your cooperation in this matter.

I hereby authorize release of all above named records to:

**Admissions
Dalat International School
Tanjung Bunga, 11200, Penang
Malaysia**

Signature of Parent(s)

Date

Signature of Student