



# International School of Islamabad

## APPLICATION FOR ADMISSION

Photo

Welcome to the ISOI admissions process. Thank you for applying to our school. Please note that supplying a completed application form and supporting documents is a first step in our admissions process. For a complete outline of our procedures, please speak to the Registrar or visit our website at [www.isoi.edu.pk](http://www.isoi.edu.pk).

### STUDENT INFORMATION

Student's Legal Name (first/middle/last): \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Date of Birth: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years \_\_\_\_ months Gender: \_\_\_\_ Place of Birth: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Passport Type (circle one) Diplomatic United Nations Ordinary Other \_\_\_\_\_  
Recent Grade Completed: \_\_\_\_ Applying for Grade (circle one) Elementary: PS KG1 KG2 1 2 3 4 5 Middle: 6 7 8 High: 9 10 11 12  
Student Email Address (for middle and high school applicants only): \_\_\_\_\_  
Previously applied to or attended ISOI? \_\_\_\_ (Yes/No) If "Yes", date(s) applied/attended \_\_\_\_\_  
Date of arrival in Pakistan: \_\_\_\_\_ Date of desired enrollment: \_\_\_\_\_ Expected length of stay: \_\_\_\_ years

### PARENT INFORMATION

Father's Name (first/middle/last): \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mother's Name (first/middle/last): \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Address in Pakistan: \_\_\_\_\_ Tel.: \_\_\_\_\_

**ISOI uses email as an important means of communication with parents regarding academic and school event information. Please provide your preferred email address as well as a secondary address where we can reach you on a regular basis.**

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Party responsible for payment of school fees:  Father's Employer  Mother's Employer  Parents

### Contact information prior to arrival in Pakistan:

Email: \_\_\_\_\_ Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Student resides with:  Father  Mother  Both Parents  Guardian

**If the applicant will not live with parents, please provide the name of guardian and attach legal guardianship paperwork.**

Guardian's Name (first/middle/last): \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_



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## LANGUAGE BACKGROUND

Please provide complete information about the applicant's language background:

Applicant's Most Proficient Language: \_\_\_\_\_ Primary Language Spoken at Home \_\_\_\_\_

Father's First Language: \_\_\_\_\_ Mother's First Language: \_\_\_\_\_

### Parent's Assessment of Applicant's Fluency in English:

Speaking	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner
Writing	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner
Reading	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner

### Applicant's fluency in other languages other than English:

Language: _____	Speaking	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner
	Writing	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner
	Reading	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner

Language: _____	Speaking	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner
	Writing	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner
	Reading	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Beginner

### Other languages studied in previous schools:

Language	Number of Years	Grade Level(s)	School	Country

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## PERSONAL HISTORY OF STUDENT

Please provide below any additional information that may help us to understand and plan for the applicant's educational program at ISOI:

Chronic medical or physical problems/ conditions that would affect participation in classes or activities:

\_\_\_\_\_

\_\_\_\_\_

Medications currently being used:

\_\_\_\_\_

\_\_\_\_\_

History of personal or emotional difficulties:

\_\_\_\_\_

\_\_\_\_\_

Academic difficulties experienced:

\_\_\_\_\_

\_\_\_\_\_

Special interests / extra-curricular activities (i.e. sports, music, drama, clubs, other):

\_\_\_\_\_

\_\_\_\_\_

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## PARENT(S) RESOURCES:

Please indicate if you have expertise that you would be willing to share or are willing to serve ISOI in one of the following areas:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Event Management  | <input type="checkbox"/> Communications                        | <input type="checkbox"/> Alumni Relations     | <input type="checkbox"/> School Board     |
| <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Classroom Volunteer                   | <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Classroom Reader |
| <input type="checkbox"/> Sports Coach      | <input type="checkbox"/> After-school Activities Leader: _____ |   |   |
| <input type="checkbox"/> Other: _____      |  |   |   |

Please indicate if your organization / business would be interested in sponsoring an ISOI event:  Yes  No

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## PHOTOGRAPH USE PERMISSION

*Photographs of ISOI students, including the applicant, may be used on our website. Student names will not be used in conjunction with these photos. Parents who do NOT want their child's picture to appear on the website, please sign here:* \_\_\_\_\_

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## AGREEMENT

*This completed application must be accompanied by full payment of non-refundable application fees.*

*I certify that the information contained in this application is complete, true and correct to the best of my knowledge. I authorize ISOI to request previous school records (including transcripts, confidential recommendations, evaluations, and other documents) to verify facts. Withholding of records, especially those indicating that this applicant has special needs, may delay the admissions process and ultimately could result in denial of admission OR if my child is already enrolled, it could result in a reversal of the decision.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



### CONTACT INFORMATION:

**Sector H-9/1, PO Box 1124  
Islamabad, Pakistan**

Phone: (92-51) 443-4950

Fax: (92-51) 444-0193

Email: school@isoi.edu.pk

Web: www.isoi.edu.pk

*The International School of Islamabad ensures that each student strives for academic success, develops intellectual curiosity, and becomes a responsible global citizen.*

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### For Admissions Office Use Only

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Complete Application Form | <input type="checkbox"/> Official School Records | <input type="checkbox"/> Health Card                        |
| <input type="checkbox"/> Student Passport Copy     | <input type="checkbox"/> Parents Passport Copy   | <input type="checkbox"/> Application Fee Receipt No.: _____ |