

G6-12: SCHOOL TRANSFER FORM

(To be completed by current school’s counselor, teacher, or Head)

To assist us in evaluating this student for admission to ISS International School, we would appreciate it if you could complete this reference form. All information will be treated as confidential.

Please email the completed form directly to the Admissions Department at admissions@iss.edu.sg.

PERSONAL DETAILS OF STUDENT										
Family Name:					First Name:					
Current Grade:					Nationality:					
First Language					Second / other Languages					
Level of English if not Mother Tongue:	<input type="checkbox"/> Just beginning <input type="checkbox"/> Gaining confidence <input type="checkbox"/> Confident <input type="checkbox"/> Fluent									
EDUCATIONAL DETAILS OF STUDENT										
Length of time attended current School:					Attendance record:	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent				
Please indicate your evaluation of the student’s level (1 = low to 10 = high)										
Academic Ability:	1	2	3	4	5	6	7	8	9	10
Organization:	1	2	3	4	5	6	7	8	9	10
Independence:	1	2	3	4	5	6	7	8	9	10
Personal relationships / social interactions:	1	2	3	4	5	6	7	8	9	10
Contribution to school life:	1	2	3	4	5	6	7	8	9	10
In what activities has s/he been involved?										
Does this student have any talents or special abilities to note, e.g. athletic, musical, creative, mathematical, scientific or linguistic?										
Has s/he been the subject of any disciplinary action e.g. suspension, exclusion, withdrawal, etc?	Please provide details.									
Is the student in good standing in all areas (conduct, academic, etc.) and welcome back to your school without reservation?	If not, please provide details.									
Does the student have any special educational, psychological, emotional or other issues?	Please provide details.									

Has the student undergone any diagnostic or evaluative tests? If not, has the student ever been referred for assessment? Please provide details, dates and results.	Please provide details.
Has s/he ever been diagnosed with any learning difficulty such as ADD, ADHD, dyslexia, etc? Has the student ever been provided any special accommodation for exams or learning? Has s/he been on any medication related to learning?	Please provide details.
Has the student ever been <i>suspected</i> of having an educational, emotional, psychological or other issue relevant to his/her academic performance or ability to function at school?	Please provide details.
Is the student studying at the highest academic level available in your school? If not, why not?	
If the student's record / report card is not a true indication of his/her ability, please explain factors that might have interfered with his/her achievement.	
Is there any further information that may be important in placing this student in our school e.g. parental involvement, health, well-being?	Please provide details.

DETAILS OF SCHOOL

Name of School :

Address:

Contact Number:

Website:

Completed by:

School Principal/Counselor:

Email Address:

Signature:

Date:

(School Stamp)

Please attach the student's transcripts for all years s/he attended your school.
Please provide a School Profile, brochure or other information about your school.

Check this box if there is additional background information about this student that we should call you about or that you would prefer to speak about by phone instead of writing.

Thank you for taking the time to complete this form.