

# REGISTRATION FORM



PLEASE TYPE, WRITE OR PRINT USING CAPITALS & BLACK INK.  
PLEASE NOTIFY THE REGISTRAR IF CONTACT DETAILS CHANGE.

## FOR OFFICE USE ONLY

ID No. \_\_\_\_\_

Invoice \_\_\_\_\_

Date \_\_\_\_\_

ATTACH 4 RECENT  
PHOTOGRAPHS ON  
PHOTOGRAPHIC  
PAPER.  
IF E-MAILED WITH  
A DIGITAL IMAGE  
PLEASE PROVIDE  
PHOTOGRAPHS AT  
INTERVIEW.

## PROSPECTIVE STUDENT DETAILS

Family Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Date of Prospective entry: \_\_\_\_\_

Current Year Group: \_\_\_\_\_ Requested Year Group: \_\_\_\_\_

Child's age by September 1st: \_\_\_\_\_

Sex (Male / Female): \_\_\_\_\_ Date of Birth (day / month / year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## APPLICATION REQUIREMENTS

- 2 copies of your child's passport plus entry stamp and / or residency page.
- 2 copies of parent's / legal guardian's passport plus entry stamp and / or residency page.
- 4 recent passport photographs (*on photographic paper please*).
- Copies of your child's last 2 school reports for all children entering Year 1 and above.
- Transfer certificate or letter on school letterhead from previous school to include: date of enrollment; current year group; date the child left the school; official school stamp and signature.
- Full details of any special educational needs and individual education plans (IEPs) plus Educational Psychologist's report if completed.
- 2 copies of your child's birth certificate.
- Full details of all vaccinations and immunizations for your child.
- Registration fee of US\$1000
- Additional Intensive English fee US\$2500  
This will be required for all students who need additional English Support.

Who will pay the International School Tripoli fees (e.g. Name of Company, Parents):

\_\_\_\_\_

**EDUCATION**

Is English your child's first language?  Yes  No

If not: a) What is your child's first language? \_\_\_\_\_

b) What language is spoken at home? \_\_\_\_\_

c) How would you describe your child's knowledge of English?

i.e. - Excellent / Good / Fair / Poor

for Spoken \_\_\_\_\_ Written \_\_\_\_\_ Reading \_\_\_\_\_

List any other languages with which your child is familiar: \_\_\_\_\_

Please give full details for your child of any development problems and / or any medical conditions (\*):

\_\_\_\_\_  
 \_\_\_\_\_

Has your child had any problems at his / her previous school? If so, please give details (\*):

\_\_\_\_\_

Has your child ever received any sort of learning support or special education?\*  Yes  No

Has your child been excluded or suspended from any school for any reason?\*  Yes  No

Has your child been subject to a behaviour modification contract?\*  Yes  No

Are you aware if your child was reprimanded by the Headteacher of their previous school?\*  Yes  No

(\* continue on a separate sheet if necessary)

Name and address of school Curriculum details	Dates attended	Year Group
Curriculum: _____		
Curriculum: _____		
Curriculum: _____		

**DETAILS OF FATHER / GUARDIAN (Please complete as applicable)**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ First Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title (Mr. / Dr.) \_\_\_\_\_

Company: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Work Fax No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**DETAILS OF MOTHER / GUARDIAN (Please complete as applicable)**

Family Name: \_\_\_\_\_ First: Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ First Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title (Mrs./Dr.) \_\_\_\_\_

Company: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Work Fax No: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are there any family circumstances of which you feel we should be aware?

(  Deceased parent /  Divorced /  Separated /  Adopted /  Other) Please give details:

\_\_\_\_\_  
\_\_\_\_\_

What hospital is the family/company registered with: \_\_\_\_\_

Hospital membership No.: \_\_\_\_\_

I confirm that all the above information is true and correct. I understand and accept that if the information provided is false or misleading, and/or if i fail to pay school fees, and/or if i or my immediate family fail to abide by International School Tripoli policies, and/or I fail to provide all necessary paperwork; it is likely that my child will lose their place at International School Tripoli.

I understand that school fees must be paid within the first week of each term to retain the child's place. If the child leaves the school for any reason during the term, no element of that term's fees are refundable.

*Families wishing to withdraw their child must give one full terms notice in advance or forfeit one term's school fees.*

I, \_\_\_\_\_, parent / legal guardian of \_\_\_\_\_

\_\_\_\_\_, date of birth \_\_\_\_\_,

have read and accept the Admission Policy for registration at International School Tripoli in full and agree to abide by all International School Tripoli terms and conditions in support of my child's education including school fee payment and supply of all uniform. I fully understand that although International School Tripoli may provide a limited school transport service this is not included in the school fees and is subject to change without prior notification. Furthermore, I agree to pay any additional fees for my child's learning support needs if such individual needs are identified by the International School Tripoli's Learning Development Centre in prior consultation with me.

I understand that I will pay an initial registration fee of US\$1000. This payment does not guarantee a place until the pre-admission assessments have been completed. If, after assessments have been completed, my child is not offered a place then the registration fee (less administration costs) will be refundable. I understand that International School Tripoli does not operate a sequential waiting list and selects children that are considered to be most suitable for the style of international independent school education being offered at International School Tripoli. Therefore, early application is highly recommended but does not necessarily guarantee my child a place at International School Tripoli.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY FORM**

I, \_\_\_\_\_ of P.O. Box \_\_\_\_\_, being the lawful parent or guardian of \_\_\_\_\_ hereby agree:

That International School Tripoli, or any teachers, or officials, or voluntary helpers of the school, shall have no responsibility of whatsoever nature in respect of bodily injury to the above child:

- 1) Prior to actual delivery of the said child into the custody of the said teachers or officials inside the school rounds, or after the child has been collected from the school grounds by a person authorised by me to do so, on a normal school day.
- 2) Whilst on school grounds outside the official opening times.
- 3) At any other time, unless the said child is in the direct custody or control of one of the said teachers whilst on a recognised outing or function arranged by the school.
- 4) Unless the injury is caused by, or resulting from:
  - a) The neglectful act or omission of any employee, teacher or other person or persons authorised to act for or on behalf of the said school.
  - b) any defect on the premises of the said school.

In addition I agree:

- 5) to indemnify and keep indemnified the said school in respect of any amounts the said school may pay, in respect of medical or other expenses arising from accidental bodily injury to the said child other than as set out in 4.
- 6) to indemnify and keep indemnified the said school in respect of any loss or damage to property belonging to or in the custody or control of the said school caused by the said child.

Name and Address of Parent or Guardian:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of Witness:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed forms to:*

The Registrar, International School Tripoli, P.O. Box 91043, Tripoli, Libya. E-mail: [principal@internationalschooltripoli.com](mailto:principal@internationalschooltripoli.com)