

CONFIDENTIAL SCHOOL REPORT SENIOR SCHOOL (GRADE 6 -12)

To be completed by Head of School or designated official. Please write in block letters. Please return completed form and requested documentation before admission can be processed to:

Attention: Registrar
The International School of Uganda
P.O. Box 4200, Kampala, Uganda

Telephone: (+256) 0414 - 200374/ 8/ 9
Fax: (+256) 0414 - 200303
E-Mail: registrar@isumail.ac.ug

Name of Student - First _____ Middle _____
Surname _____ Date of Birth (dd/mm/yy) _____

This student is applying to The International School of Uganda, a private, not for profit, co-educational, college preparatory, international school. ISU is committed to educating students from diverse cultures to achieve academic excellence. The program of studies is designed to challenge the average to above average student in grades PG to 12. 95% of our graduates attend university. In order to determine whether the student can be successful at our school, we are interested in knowing as much as possible about the student's academic potential, achievement, character and social development. ISU is a drug free, alcohol free and smoking free school.

Currently studying at the grade _____ level. No. of years at current school _____ Passing Grade _____

- Please forward a copy of the student's transcript.
- Please provide your school's numeric passing grade.
- Please attach copies of most recent standardized test scores, if available.
- Please complete the following questionnaire.

Please indicate your present estimate of the candidate by a check mark:

	Outstanding	Above Average	Average	Below Average	Poor
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Maintain Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Influence & Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate this student with regard to academic potential leading to post-secondary education:

Strong 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 Weak

Please elaborate _____

What do you feel is the greatest contribution that this student will be able to make in a multi-cultural, college preparatory, international school? _____

What are the student's greatest strengths? _____

What are the student's greatest challenges? _____

Would you recommend this student?
Most Strongly Strongly Yes Yes with Reservations Not at all

To your knowledge, has this student ever repeated a grade? Yes No

If yes, please provide details _____

Does the student possess any diagnosed learning disability? Yes No

If yes, please provide details.

ADD/ ADHD Dyslexia Speech or Language Development
Sensory or Motor Development Other _____

Please note that the ISU does have a special needs program but we are not equipped at this time to provide special education or the facilities for moderately or severely handicapped students.

Do test results require parental consent for release of information? Yes No

Has the student received any remedial help? Yes No

If yes, please provide details _____

Has the student ever had a disciplinary or unlawful problem? Yes No

If yes, please provide details _____

Has the student been recommended for or involved in individual or group counseling? Yes No

If yes, please provide details _____

Please list extracurricular activities in which this student is or has been involved (sports, music, drama committees, etc.) _____

Official's Name _____ Position _____

Name of School _____

Address of School _____

Telephone _____ Fax _____

E-Mail _____ Date _____ Signature _____