



# INTERNATIONAL COMMUNITY SCHOOL OF ADDIS ABABA

## Application for Admission to the ICS Early Childhood Program

### Statement of Purpose

ICS is a multicultural international school that values productive interactions and partnerships between students, teachers and parents. At the heart of the school culture is tolerance and acceptance of others, high academic expectations, nonviolence and positive collaboration. Your honesty and timeliness in completing this application and providing all required documentation is the first link in the school-family partnership that we believe is the foundation for academic success.

The ICS Early Childhood Program at ICS Addis provides young children with a preschool program based on standards reflecting international best practices. Children entering the EC3 program must be three years old on or before August 31; children in the EC4 program must be four years old on or before August 31. EC3 and EC4 are half-day programs, and EC4 children may attend an extended day program three days a week. All children in the EC Program must be toilet trained.

### Applicant Information

Applying to: EC3 EC4 *Note: EC4 students must re-apply to ICS to advance to kindergarten.*  
For School Year: 2012/13 2013/14

Family name (surname): \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_ Gender: Male Female

Birth date: \_\_\_\_\_ Passport issued by country: \_\_\_\_\_ Date of arrival in Addis: \_\_\_\_\_  
day month year

Expected enrollment date: \_\_\_\_\_ Expected length of posting in Addis: \_\_\_\_\_

### Academic History

**All questions must be answered for a complete application.**

List most recent school attended, if any, including country, dates attended, grade/class level and language of instruction.

<u>Name of School</u>	<u>Country</u>	<u>Dates attended</u>	<u>Class Level</u>	<u>Language of Instruction</u>
_____	_____	_____ to _____	_____	_____

### Special Services

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has your child been identified as having any of the following: attention deficit disorder/hyperactivity, speech/language disorder or any other learning disability?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child received any of the following services: special needs/resource/learning support, speech/language support or physical/occupational therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child had any psycho-educational testing?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child received special services for learning English (e.g., EAL, ESL, ESOL)?

If you chose "yes" for any question above, please provide further details below and/or attach additional documentation.

Is there anything else you would like us to know about the applicant, including interests and hobbies?

### Language

Please indicate the applicant's English proficiency: Spoken English None Poor Fair Good Fluent

Language(s) spoken at home: \_\_\_\_\_ Applicant's first language: \_\_\_\_\_



**Family Information**

Complete once per family. If more than one child is applying to grades 6-12, complete the parent/guardian information once and then make a copy for each child to sign.

Children applying to ICS or currently attending ICS:

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u> (day, month, year)	<u>Grade in 2011-12</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parent/Guardian Information:**

Home Phone in Addis: \_\_\_\_\_ Primary email address: \_\_\_\_\_

**Billing Parent:**

_____	_____	_____	_____
<i>Title</i>	<i>First Name</i>	<i>Last Name</i>	<i>Relationship to student</i>

Language(s): \_\_\_\_\_ Passport Country: \_\_\_\_\_ Parent lives with student? Yes  
No

Title/Position: \_\_\_\_\_ Employer: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Other Parent:**

_____	_____	_____	_____
<i>Title</i>	<i>First Name</i>	<i>Last Name</i>	<i>Relationship to student</i>

Language(s): \_\_\_\_\_ Passport Country: \_\_\_\_\_ Parent lives with student? Yes  
No

Title/Position: \_\_\_\_\_ Employer: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Signatures:** Both parents must sign below. If only one parent resides with the student(s) in Ethiopia, please indicate “not applicable” on the second parent signature line.

I hereby apply for the admission of the above-named student(s) to ICS Addis Ababa. I agree that I will read the parent/student handbook and that my child(ren) and I will abide by all the rules and regulations of the school. I authorize ICS to contact my child(ren)’s previous school(s) for more information if necessary. I authorize ICS to administer all testing deemed appropriate by school personnel to assess my child’s academic skills, educational needs and progress during the term of my child’s enrollment in the school. I understand that my child’s enrollment is dependent upon the completeness and accuracy of the information provided above. I certify that all the information provided about my child and family is complete, true and accurate to the best of my knowledge.

Student’s Signature (if applying for grades 6–12): \_\_\_\_\_ Date: \_\_\_\_\_

We / I (circle one) hereby agree that the parent(s) listed below may sign any school-related forms, permission slips or other paperwork regarding my/our child. If child lives with two parents, we agree that either one of these signatures is sufficient.

Billing Parent: _____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

Other Parent: _____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>



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