

Admission Procedure for PYP and MYP

Contact: islk@lund.se

Phone: + 46 46 35 71 24

The International School of Lund - Katedralskolan exists primarily to serve the educational needs of the international community. There is no tuition fee but the family must meet the intake criteria. The criteria for admission are set by the Board of Education in Lund and the students will be prioritised in the following order:

1. Students in international families moving to Lund, or the region of Lund, and staying here **during a limited time.**
2. Students in families moving to Lund or the region of Lund who have attended an International School abroad for a **major part** of their education and therefore have a reason to fulfil his/her education in an International School.
3. Students permanently living in Lund or the region, who in **the near future**, will continue their education in an International School abroad.

To apply for admission, please send the following to the Admissions office:

- a completed application form for each child
- a letter from an employer or similar, which confirms the length of your contract or stay in Sweden, alt. when you will be leaving Sweden/starting work abroad
- school records for the last year
- a health declaration is required for all applicants.

As the school is funded by the municipality of Lund, it is recommended that you live within the municipality. If you decide to live in another municipality, they must agree to pay school charges to Lund before admission is secured.

When you have been notified that we have received your application, you are encouraged to make an appointment with the coordinator/principal to get further information regarding the programmes and class placement.

The following admission requirements and placements are adhered to. Exceptions to these age guidelines are made infrequently and only upon careful evaluation of the applicant by the Admission team at the School.

- PYP1 pupils should be 6 years of age during the current calendar year.
- PYP1 through to MYP5 pupils are placed according to their age and their ability.

[Additional information for foreign families \(read more at Skatteverket.se\)](#)



**International School of Lund
Katedralskolan
ISLK**



STUDENT APPLICATION FORM

Supporting doc. _____
Address _____
Health Decl. _____
Class _____
Accepted _____

Student Information

Last Name:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
First Name:	Swedish "personnummer"	
Date of Birth:	
Year Month Day	(If you do not have a Swedish number, please register with the local authorities, (skattemyndigheten) , as soon as possible)	
Address:		
.....		
Country:		
Nationality:		
Proposed Starting Date:		

Family Information

<u>Mother/ Guardian 1</u>	<u>Father/ Guardian 2</u>
Last Name:	Last Name:
First Name:	First Name:
Contact Phone Nr:	Contact Phone Nr:
Email:	Email:
Current Employer:	Current Employer:
Employer in Sweden (if known):	Employer in Sweden (if known):
.....

Language Information - Student

<u>Language(s) spoken at home or in School</u>	<u>English Language Proficiency</u>
1. Mother tongue.....	Very little Moderately Well Fluently
2.	Speaks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	Reads <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Writes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>MYP Students ONLY</u>	
In addition to English and Swedish, you will study a third language. If you know now which language you prefer please tick as appropriate.	
French <input type="checkbox"/>	Spanish <input type="checkbox"/>

Please turn.....

STUDENT APPLICATION FORM cont.

Schooling History

Please list the most recent school first

Dates in attendance From / To	Levels Begun / Completed	Language of Instructions	School Name and Address
...../...../.....
...../...../.....
...../...../.....
...../...../.....
...../...../.....

Any other Information

.....

How long will you be residing in Sweden? _____

Signature of Parent or Guardian: _____ Date: _____

Many thanks for your application!

**Please return to: ISLK
Admissions office
Nygatan 21
222 29 Lund**



ISLK-Katedralskolan

Ulla Stenfors-Virenfeldt
 School nurse
 Nygatan 21
 222 29 Lund
 Email: ulla.stenforsvirenfeldt@lund.se

CONFIDENTIAL

In order to evaluate your child's health condition it is important that the school doctor receives information about previous illnesses, health history accidents and vaccinations. Please complete the following form and return it to the above address along with a copy of any relevant health certificates.

Note that this information is strictly confidential and the school nurse and doctor will not inform anyone without your consent.

Surname, first name		Date of birth Year month day number	
Address		Phone number	
Place of birth		When did the child arrive in Sweden?	
Name and address of previous school.			
Mother's name	Profession	Date of birth	
Address(if other than the student)	Phone number home	Phone number at work / e-mail	
Father's name	Profession	Date of birth	
Address (if other than the student)	Phone number home	Phone number at work / e-mail	

Brothers and sisters

Name	Date of birth	Name	Date of birth

Health information

Does your child have any dietary restrictions? No Yes

State what _____

Does your child take medication regularly? No Yes

What? _____ Why? _____

Does your child need medication at school? No Yes
 What? _____ Why? _____

Does your child have:

Asthma	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Hay-fever	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Hearing impairment	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Eczema	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Visual impairment	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Allergy	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Convulsions	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does the child wet the bed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Hepatitis	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Recurring stomachaches	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Recurrent headaches	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Recurring diarrhoea	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Any symptoms of respiratory illness	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Health history

Has your child been treated for

Tuberculosis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Malaria	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Bowel problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Urinary tract infection	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Serious accident	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Please give details of the above _____

Vaccinations

	Date	Date	Date	Date
DT Diphtheria Tetanus				
DPT (Diphtheria Tetanus Pertussis)				
Polio Drops				
Polio injection				
MMR (Mumps, Measles, Rubella)				
PPD, Mantoux Test for TB				
BCG (TBC)				
Other				
Other				
Other				

Date: _____ Parent/Guardian _____