



Riffa Views International School

ADMISSIONS OFFICE
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CONFIDENTIAL SCHOOL REPORT

PRE KINDERGARTEN & KINDERGARTEN

This form is part of the admission packet and needs to be submitted prior to the student being considered for admission into Riffa Views International School. The form should be returned directly to RVIS from the student's present school. Please fax both the front and back pages to the fax number above, or scan and email it as an attachment.

To the Parents

Please sign this form and give it to your child's present nursery school in order for them to release the information requested below. Please understand that as parents you will not have access to this confidential information and that it will not become part of your child's permanent record.

Student's Name _____ Date of Birth: _____

I give my permission for _____ to release the information on my child to Riffa Views International School.

Name of Parent _____

Signature of Parent _____ Date _____

To the School Official

This form is to be completed by a school official (principal, teacher, or counselor) who is familiar with the child seeking admission. This form should be mailed or scanned and emailed **directly** to Riffa Views International School. We appreciate your willingness to help in our admission process. Your comments will be held in the strictest of confidence. Riffa Views International School is a non-profit, college preparatory school committed to implementing the best educational practices from around the world, while being sensitive to local cultural values (Nursery to Grade 12). RVIS is limited in facilities and specialists to work with students who have significant learning disabilities, emotional or behavioral issues, or severe physical conditions. Providing us with this information will help assist us in determining appropriate placement.

Please provide information on the child's current educational program.

1. Class size _____ Student / Teacher ratio ____ : ____ Number of days attended per week _____
2. Language of instruction _____
3. Child speaks primarily in what language _____
4. Please list languages spoken in order of proficiency:

5. Check the student's developmental progress in the following domains:

Description	Significant	Below level	On level	Above level
Social/emotional development	_____	_____	_____	_____
Cognitive development	_____	_____	_____	_____
Fine Motor development	_____	_____	_____	_____
Gross Motor development	_____	_____	_____	_____
Speech & Language development	_____	_____	_____	_____
Separation issues	_____	_____	_____	_____

6. Does this student have special psychological or emotional needs that need to be addressed by our school, or that might impact the student's chances of success in school? Yes No
Please explain briefly, if applicable:

7. Do you have any reason to suggest that this student be evaluated and / or referred for special educational or psychological services? Yes No Please explain briefly, if applicable:

8. Are there any special strategies or interventions that have been used with this student that you would recommend? Yes No Please explain briefly, if applicable:

9. Are there any diagnostic testing results or evaluations of which you are aware? Yes No

10. Is this child receiving any special medication related to assisting them in the school setting? Yes No If yes, please explain

11. Are there any behavioral issues this student exhibits that may impact his / her progress in the program and / or the progress of the other students? Yes No If yes, please explain

12. Is this child toilet trained? Yes No

Thank you for offering the above information on behalf of the student.

Date _____

Name of school official _____ Title _____

Signature of school official _____

Name and address of school _____

Contact phone number _____ Fax _____

Email _____