

LANGUAGE OPTION FORM FOR NEW STUDENTS 2011-2012

Name of Student: _____

(Please print)

All students in Grades 6 to 10 enroll in German. Please indicate the level of German:

German

Grades 6-10	Beginner	Intermediate	Advanced	(near) Native
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick **one** box only:

French	Beginner	Intermediate	Advanced
Grades 6-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9		<input type="checkbox"/>	<input type="checkbox"/>
Grade 10		<input type="checkbox"/>	

Spanish	Beginner	Intermediate
Grades 6	<input type="checkbox"/>	
Grades 7-10	<input type="checkbox"/>	<input type="checkbox"/>

Learning Support EAL (English as an Additional Language)

Parent Signature: _____ Date _____

Please return this form to admissions@isbasel.ch