



Kigali International Community School

Phone (+250) 0783-307282 / registrar@kicsrw.org

2020 Estates Gaculiro BP 6558 Kigali, Rwanda

www.kicsrw.org

CONFIDENTIAL SCHOOL REPORT

(This information will only be shared with KICS personnel assessing admissions applications)

TO BE COMPLETED BY *HEAD OF SCHOOL* OR DESIGNATED OFFICIAL

Student's Name: _____

Date of Birth: (DD/MM/YYYY) _____

This student is applying to Kigali International Community School, a private, not for profit, preparatory school. Kigali International Community School exists to meet the educational needs of children of Christian cross-cultural workers, the International community and Rwandan nationals. It is an American system school with all courses taught in English. 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. KICS is a drug, alcohol, and smoke free school.

Currently studying at the grade _____ level. Number of years of formal education _____

Please indicate your present estimate of the candidate by a check mark	Outstanding	Above Average	Average	Below Average	Poor
Intellectual Curiosity					
Creativity					
Ability to Maintain Focus					
Academic Performance in Relation to Fellow Students					
Persistence					
Emotional Stability					
Confidence					
Cooperation					
Self Esteem					
Responsibility					
Concern for Others					
Participation in Activities					
Positive Influence and Leadership					

Please rate this student with regard to academic potential leading to post-secondary education.
(Weak) 1 2 3 4 5 6 7 (Strong)

What are the student's strengths?

What are the student's challenges?

English Language Proficiency

Spoken	Fluent	Developing	Beginner
Written	Fluent	Developing	Beginner

If English is *not* their first language, has there been any concern raised regarding the student's learning in his/her native language?

To your knowledge, has this student ever repeated a grade?	YES	NO
Does this student possess any diagnosed learning disability?	YES	NO
Has this student ever had a behavioral or academic assessment?	YES	NO
Has the student been recommended for, or has he/she been involved in, individual or group counseling?	YES	NO

Please note: KICS can support students with mild specific learning disabilities, but we are not equipped at this time to provide special education or the facilities for students with moderate or severe learning or physical disabilities.

If you have answered yes to any of the above questions, please provide further details.

Please list extracurricular activities this student is or has been involved in this year.

Please describe this family's level of involvement in their child's education.

How realistic is this family's view of their child as a learner?

Official's Name: _____ Position: _____

Name of School: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

