



THE AMERICAN INTERNATIONAL SCHOOL OF MUSCAT

Confidential School Report/Release of School Records

Dear Parents: Please complete **PART I *Release of School Records*** of this Confidential School Report and then submit the form to your child's school for completion of **PART II**. This report is an initial step in the application process for admission to The American International School of Muscat (TAISM).

PART I (for parents) Release of School Records

I hereby authorize _____ to release school records of any and all academic,
(Name of School)

psychological, speech and language testing, which may have been administered to my child, to The American International School of Muscat, for the purpose of admissions assessment.

Student's name: _____ Current Year/Grade: _____

Student's Date of Birth (DD/MM/YY): _____

Signature of parent: _____

Date: _____

PART II (for school official - administrator, counselor, or teacher): *Please complete the following 2-page Confidential School Report for the student listed above and **submit directly to TAISM**, along with school records for the last two years (records of grades 9-11 in case of a grade 12 applicant).*

- Please specify the student's current year / grade _____ at your school, enrolled since year / grade _____, date _____ (mm/yyyy).**
- Which curriculum does your school follow (e.g. American, United Kingdom)? _____**
- Please indicate the student's overall academic performance in your school for the most recent year attended:**

Above Average _____
 Average _____
 Below Average _____

For High School Only

University preparatory _____
 Non-university plan _____

- If the above student has received special services at your school, please indicate below:**

<u>Services</u>	<u>Enrolled</u>	<u>Hrs. per week</u>	<u>Need to Continue</u>	
Eng. Second Lang. (ESL)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Needs	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Tutoring	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Therapy	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any other special services? Please explain: _____

Does the student have an Individual Education Plan (IEP) or a 504 Plan (US)? Yes No
If yes, please attach along with this form.

5. Does this student require any special counseling, medication, or psychological/emotional support to assist him/her in the school setting?

Yes No If yes, please explain:

6. Has this student ever been involved in a disciplinary issue which resulted in school administrative action (e.g. probation, suspension, expulsion, etc.)?

Yes No If yes, please explain:

7. Additional Comments (optional): _____

Name & signature of school official: _____

Title: _____

Name of the school: _____

Contact email: _____ Date: _____

Phone: _____

School Seal:

Please forward this form and all records to:
Admissions Coordinator

Via Email: admissions@taism.com (preferred)

or Post to: The American International School of Muscat
P.O. Box 584
Azaiba, P.C. 130
Sultanate of Oman

Website: www.taism.com