| Application for Admission Pre SchoolPlease type or print clearly in block capitals |
| --- |
| Please enclose/attach the following with the application form:[ ]  Recent photo of the student[ ]  Copy of passport[ ]  Reports from previous school[ ]  Vaccination Certificate |
| Student Information |
| Last Name:  | First Name:  | Date of Birth:  |
| Sex *(please check the correct box)*: [ ]  Male [ ]  Female |
| Proposed Date of Entry: | Present Grade/Class *(if applicable)*: |
| Mother Tongue *(first language):*  | Nationality:  |
| AHV Number *(if applicable, for Swiss Nationality):*  |
| Does your child have allergies: [ ]  Yes [ ]  No if yes, please specify: |
| Does your child take regular medication: [ ]  Yes [ ]  No if yes, please specify: |
| Family Information |
| **Father** |
| Last Name: | First Name: | Nationality: |
| Home Phone Number: | Mobile Number: | Email: |
| Address: |
| **Mother** |
| Last Name: | First Name: | Nationality: |
| Home Phone Number: | Mobile Number: | Email: |
| Address: |
| Name of Accident Insurance Company: Policy Number:  |
| Emergency Contacts |
| Last Name:  | First Name: |
| Address: |
| Home Phone Number: | Mobile Number: | Email: |
| Relationship: |
| Employer information |
| **Father**  |
| Company Name in CH: |
| Address: |
| Phone Number: |
| Does your employer cover school expenses *(please check the correct box)*: [ ]  Yes [ ]  No |
| If yes, send invoices to:  |
| **Mother** |
| Company Name in CH: |
| Address: |
| Phone Number: |
| Does your employer cover school expenses *(please check the correct box)*: [ ]  Yes [ ]  No |
| If yes, send invoices to: |
| Please indicate which pre school sessions you wish your child to attend  |
| [ ]  4 full days per week: 1,600 per month (Monday – Thursday) |
| [ ]  3 full days per week: 1,200 per month Please specify which days: [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday |
| [ ]  4 mornings per week: 800 per month Please specify which mornings: [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday |
| [ ]  3 mornings per week: 600 per month Please specify which mornings: [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday |
| **If you wish for your child to attend afternoon sessions (200 per afternoon session) in addition to the morning options, please specify which afternoons:** |
|  200 per afternoon session Please specify which afternoon(s): [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday |
| **PAYMENT OPTIONS** |
| **Please note: a 200 CHF one time, non-refundable registration fee per child will be invoiced once we receive the admission form** |
|  [ ]  Yearly [ ]  Termly [ ]  Monthly  |
| Invoice [ ]  by mail [ ]  by email email address: |
| Payment [ ]  bank transfer \*this information will be on your invoice  |
|  |
| How did you hear about our school?  |
| [ ]  via web search [ ]  recommendation [ ]  relocation agency [ ]  other:  |
| POLICIES  |
| I/ We confirm that we have read, understood and agree with the British School Bern **School Fees, Financial Policy** and **Admission** **Policy**. |
| sIGNATURE |
| Signature: | Date: |