| Application for Admission Reception (Kindergarten 1)Please type or print clearly in block capitals |
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| Please enclose/attach the following with the application form:◻ Recent photo of the student◻ Copy of passport◻ Reports for 2 previous years (where applicable and translated into English)◻ Vaccination Certificate◻ Administrative Fee (to be paid when application is submitted) ◻ Confidential Reference Form will be sent to the previous school  |
| 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)* |
| 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: |
| Does your child have any health issues? ◻ Yes ◻ No if yes, please specify:  |
| Mother Tongue *(first language):*  |
| Other languages spoken at home: ◻ Yes ◻ No if yes, please specify: |
| What was the language of instruction at previous school? |
| **STUDENT HISTORY** |
| **Has your child attended school regularly?**  ◻ Yes ◻ No ◻ Not applicableIf no, please explain |
| **Has your child been referred for any educational testing?**  ◻ Yes ◻ No ◻ Not applicableIf yes, please give details and provide reports and /or test results.  |
| **Has your child ever had need for psychological counseling**? ◻ Yes ◻ No ◻ Not applicableIf yes, please give details and provide reports. |
| **Has your child been asked to leave a previous school?**  ◻ Yes ◻ No ◻ Not applicableIf yes, please give details**.**  |
| **Has your child ever received extra support teaching?**  ◻ Yes ◻ No ◻ Not applicableIf yes, please specify which subjects and when.  |
| 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:  |
| PREVIOUS SCHOOL INFORMATION  |
| Name of school: |
| Address: |
| Phone Number: |
| Email address: |
| Name of Principal:  |
| 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 reception(Kindergarten) sessions you wish your child to attend (Children are required to attend 5 Mornings) |
| ◻ 5 full days per week: 2,400.00 per month  |
| ◻ 5 mornings per week: 1,200.00 per month  |
| **If you wish for your child to attend afternoon sessions (240.00 per afternoon session) in addition to morning options, please specify which afternoons:** |
| 240.00 per afternoon session Please specify which afternoon(s): ◻ Monday ◻ Tuesday ◻ Wednesday ◻ Thursday ◻ Friday  |
| **PAYMENT OPTIONS** |
| **Please note: a 450.00 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: |
|  |
| How did you hear about our school?  |
| ◻ via web search ◻ recommendation ◻ relocation agency ◻ other  |
| **SCHOOL POLICIES** |
| I/ We confirm that we have read, understood and agree with the British School Bern **School Fees, Financial Policy** and **Admission** **Policy**. |
| **ADMINISTRATIVE FEE PAYMENT** |
| Please make a payment of 100.00 CHF to the following bank account. The British School, Bern Credit Suisse, 3001 Bern IBAN: CH94 0483 5029 0036 1100 0Clearing Number: BIC CRESCHZZ30R |
| **SIGNATURE** |
| Signature: | Date: |