| Application for Admission Reception (Kindergarten 1) Please 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 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 applicable  If no, please explain | | | | |
| **Has your child been referred for any educational testing?**  ◻ Yes ◻ No ◻ Not applicable  If yes, please give details and provide reports and /or test results. | | | | |
| **Has your child ever had need for psychological counseling**? ◻ Yes ◻ No ◻ Not applicable  If yes, please give details and provide reports. | | | | |
| **Has your child been asked to leave a previous school?**  ◻ Yes ◻ No ◻ Not applicable  If yes, please give details**.** | | | | |
| **Has your child ever received extra support teaching?**  ◻ Yes ◻ No ◻ Not applicable  If 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 0  Clearing Number: BIC CRESCHZZ30R | | | | |
| **SIGNATURE** | | | | |
| Signature: | | | Date: | |