| Application for Admission (YEAR 7 to 13 – SECONDARY EDUCATION)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 : | Class applying for (please circle): **Y7** **Y8 Y9 Y10 Y11 Y12 Y13** |
| Nationality:  |
| AHV Number *(if applicable, for Swiss residents):* |
| 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: |

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| **PAYMENT OPTIONS** |
| **School fees*** **100.00 CHF one time, non-refundable administration fee, to be paid with the submission of this form**
* **1250.00 CHF one time, non-refundable registration fee per child will be invoiced once the application of admission has been approved.**
* **500.00 CHF annual renewal fee, to be paid after the first year and every subsequent year**
* **2400.00 CHF monthly tuition fee, to be paid in advance per calendar month or agreed payment schedule**
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| Tuition 2,400.00 CHF per month ◻ Yearly ◻ Termly ◻ Monthly |
| Invoice ◻ by mail ◻ by email E-mail address: |
| Payment ◻ bank transfer \*this information will be on your invoice  |
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| 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**. I/ We agree to pay the administrative fee for the processing of this application.  |
| **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: |