



British School of Geneva

Recent photo
of child

APPLICATION FOR ADMISSION

Student Information

Student's family name		Student's first name	
[]		[]	
Gender	Date of birth	Nationality	Mother tongue
[]	[]	[]	[]

Educational History *(Please complete in reverse chronological order starting with the current school)*

Name of Principal or Head Teacher at current school:

[]

Name and address of school	Classes	Dates	Programme followed	Exams taken
[]	[]	[]	[]	[]
	[]	[]	[]	[]
	[]	[]	[]	[]
[]	[]	[]	[]	[]
	[]	[]	[]	[]
	[]	[]	[]	[]
[]	[]	[]	[]	[]
	[]	[]	[]	[]
	[]	[]	[]	[]

Intended Course of Study *(For A Levels only)*

Subjects chosen for the A Level programme

1 st choice	[]	3 rd choice	[]
2 nd choice	[]	4 th choice	[]

Where is the student likely to go to university?

[]

What is s/he likely to study?

[]

Comments, if any:

[]
[]

Academic Information

Language(s) spoken at home

Language of instruction in current school

Your child's language ability:

Fluent

Good

Satisfactory

English

French

Other

Has your child ever had difficulty with any of the following?

Language development Yes No If yes, please specify:

Communication Yes No If yes, please specify:

Physical development Yes No If yes, please specify:

Psychological development Yes No If yes, please specify:

Does your child have a learning disability? Yes No If yes, please provide details:

Has your child attended school regularly? Yes No If not, please briefly explain the reasons:

Has your child had extra tutorials? Yes No If yes, in what subject(s):

Has your child ever been asked to leave a school? Yes No If yes, please provide reasons:

Family Information *(This information will be treated as confidential)*

Parents are divorced Parents are separated A parent is deceased Child is adopted

Other children in the family:

Name

Age

Does your child suffer from any medical condition(s)? Yes No If yes, please provide details:

Parent Information

Father's information

Family name	First name	
<input type="text"/>	<input type="text"/>	
Nationality :	Email :	Mobile telephone :
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer :	Current title :	Professional telephone :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's information

Family name	First name	
<input type="text"/>	<input type="text"/>	
Nationality :	Email :	Mobile telephone :
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer :	Current title :	Professional telephone :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address for Correspondence *(Please keep us updated if there are any changes)*

Family name	First name	
<input type="text"/>	<input type="text"/>	
Street and house number		
<input type="text"/>		
Post code	City	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Email	
<input type="text"/>	<input type="text"/>	

I have read and accept the terms and conditions (attached)

Date	Signature
<input type="text"/>	<input type="text"/>

This form must be returned to
British School of Geneva
Av. de Châtelaine 95A
1219 Châtelaine

For further information, contact
+41 22 795 75 10
info@britishschoolgeneva.ch

Please attach the following documents to the application form

- BSG Emergency and Health questionnaire certified by the child's physician
- Copy of the child's most recent school report
- Proof of payment of the application fee