



APPLICATION FOR ADMISSION

(Please type or print in capitals)

STUDENT INFORMATION

FAMILY NAME : _____

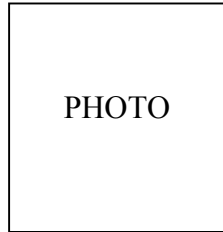
FIRST NAME : _____

DATE OF BIRTH : _____

SEX : M F

MOTHER TONGUE : _____

NATIONALITY : _____



EDUCATIONAL HISTORY

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

Name of principal / head teacher of current school: _____

| Name/ Address of school | Classes | From / To | Programme followed | Exams taken |
|--------------------------------|----------------|------------------|---------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |



ACADEMIC INFORMATION

Language(s) spoken at home: _____

Language of instruction in current school: _____

What would you consider as your child's first language? _____

Please rate 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

Communication : Yes / No

Physical development : Yes / No

Psychological development : Yes / No

Does your child have any learning disability? If yes, please give details.

Has your child attended school regularly? If not, please explain the reasons briefly.

Has he / she had extra tutorials? If yes, in what subjects?

Has your child ever been asked to leave a school? If so, please give reasons.



INFORMATION ON FAMILY

(To better understand the student's situation, we need the following information which will be treated as confidential)

Please circle an option if appropriate:

Parents divorced / Parents separated / A parent deceased / Child adopted

Other children in the family

| | | | |
|------|--|--|--|
| Name | | | |
| Age | | | |

Does your child suffer from any medical conditions? Please give details.

ACADEMIC INFORMATION (For A Levels Only)

Subjects chosen for the A level programme

Year 1

Year 2

A Level _____ A Level _____

AS Level _____ AS Level _____

Where is the student likely to go to university?

What is he / she likely to study?

Special notes:

PARENT INFORMATION

FATHER

First Name : _____ Family Name : _____

Nationality : _____

Employer : _____



Current title : _____
Email : _____
Telephone (Work) : _____ Mobile: _____

MOTHER

First Name : _____ Family Name: _____
Nationality : _____
Employer : _____
Current title : _____
Email : _____
Telephone (Work) : _____ Mobile: _____

ADDRESS FOR CORRESPONDENCE

(Please keep us updated if there are any changes)

First Name: _____ Family Name: _____
Street / House Number: _____ Post Code: _____
City: _____ Country: _____
Telephone : _____
Email : _____

I have read and understood the terms and conditions (attached) of the contract

DATE

SIGNATURE

This form must be sent to
BRITISH SCHOOL OF GENEVA
95A, AV. CHATELAINE
1219 CHATELAINE

For further information contact
Tel: 022 795 7510
Fax: 022 795 7511
email: info@britishschoolgeneva.ch
www.britishschoolgeneva.ch

Please attach the following documents to the application form

- 1) Medical certificate by the child's physician
- 2) Copy of the most recent school report
- 3) Proof of payment of application fee