



British School of Geneva

Recent photo of child

APPLICATION FOR ADMISSION

Desired start date



Student Information

Student's family name

Student's first name

Student's middle 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
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Intended Course of Study *(For A Levels only)*

Subjects chosen for the A Level programme

1st choice

3rd choice

2nd choice

4th 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