



The British School of Paris

Application for Admission

TO BE COMPLETED BY A PARENT OR GUARDIAN

Section A – General Information

Pupil information

Surname of child:	_____		
Family Name (if different):	_____		
1 st Given Name:	_____		
2 nd Given Name:	_____		
Date of Birth:	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	_____		
Place of Birth:	_____		
Mother tongue:	_____	Second language:	_____

Expected entry date:	_____
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Do you already have children attending the BSP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(please tick as appropriate)
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Parent/guardian information

	Father/Guardian	Mother/Guardian
First name + surname:	_____	_____
Address:	_____	_____
	_____	_____
Relationship to student:	_____	_____
Nationality:	_____	_____
Telephone no:	_____	_____
Mobile no:	_____	_____
Work no:	_____	_____
E-mail:	_____	_____

Employment information in France

	Father/Guardian	Mother/Guardian
Employer:	_____	_____
Job Title:	_____	_____
Address:	_____	_____
	_____	_____
Telephone no:	_____	_____
Email:	_____	_____
Intended length of stay in France	_____	
Does your employer pay the school fees?	<input type="checkbox"/> Yes If yes what proportion: _____	<input type="checkbox"/> No

For administrative use only	
Date received	_____ Year/Class _____
Date of entry	_____ Sibling year groups _____

Section A – continued

Other interests/hobbies

Education details

Name/address of present school	Name of Head	From	To
Telephone no:			
Email:			
Names of previous schools		From	To
I give permission to the BSP to contact the current school if necessary		<input type="checkbox"/> Yes	<input type="checkbox"/> No

6th Form Applicants – Predicted/Actual GCSE grades

Subject	Grade	Subject	Grade	Subject	Grade
Unique Candidate Identifier			Centre no. of last school		

Section B – Medical Details

	Yes	No	Please give details below
Does your child have any current health problems (e.g. asthma, diabetes, epilepsy...)?			
Does your child regularly take a prescription drug?			
Does your child have any known allergies?			
Does your child have any past medical history of illnesses or admissions to hospital that the school and staff should be aware of?			
If any of the following apply please give details:			
- Hearing problems			
- Vision problems			
- Physical disability			
- Special diet			
Please indicate here any additional information the school should know about.			
Please note that if your child is offered a place you will be asked to complete a more detailed medical form.			

Section C – continued

Able, Gifted and Talented

NOT APPLICABLE

Has your child ever been part of an able, gifted and talented programme? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give details:
Has your child ever been part of an accelerated programme? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give details:

English as an Additional Language

NOT APPLICABLE

Please complete this section if you and your family usually speak a language other than English. To enable us to make the most appropriate placement for your child we require the following information: Please indicate your child's current level of English: (please tick accordingly)			
Beginner (first time using English in school)	<input type="checkbox"/>		
Familiar with English (has already followed a beginners' course)	<input type="checkbox"/>		
A confident user of English (has been taught in English for more than two years)	<input type="checkbox"/>		
A fluent user of English (has always used English in School without extra support)	<input type="checkbox"/>		
Has your child ever attended a school where English was the primary language of instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please state where, when and for how long:			
How many hours per week are spent on learning English in present school? _____			
Which language does your child speak at home? _____			
Which parent is the native English speaker?	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> neither
If neither how did your child learn English? _____			
Which languages are spoken at home:			
▪ to mother _____	▪ to father _____		
▪ to grandparents _____	▪ to siblings _____		
Which languages are spoken to your child:			
▪ by mother _____	▪ by father _____		
▪ by grandparents _____	▪ by siblings _____		
Is your child learning to read or write in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give details:			
Can your child write in English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> with help <input type="checkbox"/> Independently			
Can your child read in English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> with help <input type="checkbox"/> Independently			

Section D

Where did you learn about the school?

<input type="checkbox"/> Web site	<input type="checkbox"/> Company Referral	<input type="checkbox"/> Parent Network	<input type="checkbox"/> Friends	<input type="checkbox"/> Relocation Company	<input type="checkbox"/> 'Old Parisian'
<input type="checkbox"/> Publicity					
<input type="checkbox"/> Other Recommendation, please give details:					

The information on this form will be included on an administrative database for school use only.		
Do you wish your name and address to appear in the school directory (issued to parents only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree to the inclusion of your child's photo in school publications eg brochure, website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree to the inclusion of your child's work in school publications eg newsletters etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I enclose:	
<ul style="list-style-type: none"> ▪ Copies of most recent school reports and where necessary a certified translation in English ▪ One recent passport sized photograph with the child's name and date of birth on the reverse side, if available (if unavailable at this time please bring to interview) 	
I declare that the information provided on this form and the enclosed documents is accurate and complete.	
I understand that the inclusion of incorrect and/or the omission of information could lead to the offer of a place being withdrawn.	
I understand that submission of this application form does not constitute acceptance.	
Signature of Parent/Guardian: _____	Date: _____
Full name printed: _____	
Relationship to child: _____	

Please ensure that you have completed each section and that the declaration has been signed before returning the form and enclosures to:

**The Admissions Office
The British School of Paris
38 quai de l'Ecluse
78290 Croissy sur Seine
France**

**Tel: +33 1 34 80 45 96
Email: registrar@britishschool.fr**

For administrative use only			
Date of entry			
Year/Class			
Interview request sent			
Date & time of interview			
Sibling year groups			