



THE BRITISH SCHOOL OF PARIS

Application for Admission – Nursery (maternelle)

TO BE COMPLETED BY A PARENT OR GUARDIAN

Section A – General Information

Pupil information

Surname of child (as on passport)		_____	
Family Name (if different):		_____	
1 st Given Name:		_____	
2 nd Given Name:		_____	
Preferred name:		_____	
Date of Birth:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality: _____			
Place of Birth:	(town)	(country)	_____
Mother tongue:	Additional language(s):	_____	

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
Surname:	_____	_____
First name:	_____	_____
Address:	_____	_____
Relationship to student:	_____	_____
Nationality:	_____	_____
Telephone no:	_____	_____
Mob no: (tick primary contact)	<input type="checkbox"/>	<input type="checkbox"/>
Work no:	_____	_____
E-mail: (tick primary contact)	<input type="checkbox"/>	<input type="checkbox"/>

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
Self-payer but reimbursed by employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section A – continued

Please note that all places at Nursery level are full time.

Applicants will be charged a registration fee in addition to the costs mentioned on the fees schedule should a place offered be accepted.

Please note that Nursery children cannot use the school bus.

Please confirm that your child is or will be toilet trained for the start of school: Yes

Education details

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

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 – Educational Support (if not applicable please ensure this section is ticked accordingly)

All children have very different needs and at the British School of Paris we pride ourselves on providing a service to our pupils that is designed to meet each individual's specific requirements. The programmes we have on offer are flexible and rigorous enough for us to challenge the most able, whilst being able to offer specialist support to pupils who have specific learning difficulties. This may incur an additional fee which will be confirmed when a place is offered.

Learning Support

NOT APPLICABLE

Each section of the School has a Special Educational Needs Department staffed by SEN qualified teachers with extensive experience. To enable us to make the most appropriate placement for your child we require the following information:

Has your child ever received?	Psychological assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes at what age?	_____
	Physiotherapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes at what age?	_____
	Occupational therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes at what age?	_____
	Speech and language therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes at what age?	_____

Please submit copies of any relevant reports or give further details below:

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? Yes 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? mother father neither

If neither how did your child learn English? _____

Can your child write in English? Yes No with help Independently

Can your child read in English? Yes No with help 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"/> Alumni
<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 contact details 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 and digital media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree that the school communicates your email address to your Area Welcome Representative? (see full details of our Welcome Service on our website)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I enclose: <ul style="list-style-type: none">Copies of recent school reports (if available) and where necessary a certified translation in EnglishOne recent passport sized photograph with the child's name and date of birth on the reverse side.A copy of the child's passport page
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/+33 1 30 15 88 39

Email: registrar@britishschool.fr / assistant.registrar@britishschool.fr