

Surname/Family name of Child _____

First Names _____ Preferred Name _____

Date of Birth Day ____ Month ____ Year ____ Male/Female

Nationality _____ Home language _____

Languages spoken in order of fluency _____

Proposed date of entry _____ Estimated length of stay _____

Do you have other children attending (or applying to) the BSA? Yes/No

If yes, state name and class _____

If applying for a Nursery place, please indicate your preference for full or part time.

Full time _____ Part time mornings/afternoons preferred _____

Name of Parent/Guardian _____

Relationship to child _____

Contact details

Street _____

Town _____ Postal Code _____

Country _____

Home telephone _____ E-mail _____

Employer's details

Company Name _____

Address _____

Telephone number _____ E-mail _____

Billing Address

Please indicate to which address the invoice for the school fees should be sent. Home / Work

*Name/Address of present school		Attended	
		From	To
Name of Head:		Tel:	
Fax:		E-mail:	

*Name/Address of previous school		Attended	
		From	To
Name of Head:		Tel:	
Fax:		E-mail:	
I give permission for the BSA to contact the present school if further details are required			Yes/No

*Please enclose any relevant school records.

Has your child ever experienced any academic, social, emotional or behavioural difficulties in school?	Yes/No
*If yes, please explain _____	

Has your child ever received or been recommended for extra support in or outside of school?	Yes/No
*If yes, please explain _____	

Has your child ever been on a school register for Able, Gifted or Talented children?	Yes/No
*If yes, please explain _____	

*If you have answered yes to any of the questions above, please provide the school with all relevant documentation.

Please indicate whether or not you give permission for your child to join his/her class on outings. (Where possible letters will be sent to parents concerning proposed outings)	Yes/No
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How did you find out about the British School of Amsterdam?

Declaration

I, the undersigned, being a parent/guardian of the above child, request that he/she be enrolled at the British School of Amsterdam.

I declare that I have received and read a copy of the conditions of enrolment and I agree to comply with these. I hereby confirm my/our wish to be a member of the association.

Name _____ Date _____

Signature _____ Place of signing _____

<i>For office use only</i>	
Date of receipt _____	Date of entry required _____
Date registration deposit received _____	Year group and Class _____
Date records passed on to relevant school _____	

MEDICAL FORM

Name of Child _____

Date of Birth _____

Please note here any serious medical conditions that your child has and that the school must immediately be aware of. (This should not affect your child's enrolment)

*Does your child have problems with

Vision / Hearing / Speech and language development?

*If you have ticked any of the boxes above, please provide further details.

*Is your child allergic to any

Food / Medicines / Other?

*If you have ticked any of the boxes above, please provide further details.

*Is your child

Asthmatic / Epileptic?

*If you have ticked any of the boxes above, please provide further details.

Has your child been immunised for

Diphtheria and Tetanus / Polio / Measles / Whooping cough

Date of last anti-tetanus injection _____

Please provide details if your child:

is under hospital / medical supervision _____

has had any serious illnesses or operations _____

*requires daily medication _____

*Please sign I/We understand that the medication may be administered by persons without medical qualifications and that the school cannot guarantee compliance with the treatment directions. We will notify the school immediately in the event of any change in circumstances relating to treatment. The school will not be liable for any shortcomings.

Signed

Date

Parent's signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO:
THE ADMISSIONS DEPARTMENT
THE BRITISH SCHOOL OF AMSTERDAM, ANTHONIE VAN DIJCKSTRAAT 1, 1077 ME, AMSTERDAM
OR BY FAX: 00 31 (0) 20 67 58 396