



SECTION ONE – Continued

FURTHER DETAILS

Position in family (e.g. 1st child of four, 2nd child of 2)

Interests/hobbies

Interests/hobbies (continued)

PRESENT SCHOOL DETAILS

Name of present school

Name of Principal/Head teacher

Address of present school

Email

Telephone and Fax Number

Date entered

Present Year Group

PREVIOUS SCHOOL DETAILS

Name and country of previous school

Date entered

Date left

I give permission for BIPSS to contact the present school if further details are required (Please tick appropriate box)

YES

NO

Where did you hear about the British International Primary School of Stockholm? (Please tick as appropriate)

Through an advertisement

Through your company

Through a listing in a school's directory

Through a friend or colleague

Through the internet

Relocation company

Other (please specify)

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SECTION TWO

MEDICAL DETAILS

Please note that you will be asked to complete a full medical form before your child joins the school

Please tick the box if your child has any problems with the following that could impact on your child's education

Vision	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Speech and Language	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Please indicate if your child has any allergies to

Food	<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
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If you have ticked any of the above, please provide further details in the box below:

SECTION THREE

INDIVIDUAL EDUCATIONAL NEEDS

Has any aspect of your child's development ever given cause for concern? YES NO

If yes, please specify:

Has your child's behaviour and/or emotional/social development ever given cause for serious concern? YES NO

If yes, please specify:

Has your child any special learning needs? YES NO

If yes, please specify:

Has your child received extra support in a previous school? YES NO If yes, at what age?

Has your child ever received:

Psychological assessment?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, at what age?	<input type="checkbox"/>
Physiotherapy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, at what age?	<input type="checkbox"/>
Occupation therapy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, at what age?	<input type="checkbox"/>
Speech and language therapy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, at what age?	<input type="checkbox"/>

Please include copies of any relevant reports or attach details if no reports are available



SECTION FOUR

LANGUAGE

If English is your child's first/native language, **please complete section A**

If English is not your child's first language, **please complete section B**

SECTION A

What other language/s does your child listen to on a regular basis? _____

What other language/s does your child use to communicate? _____

SECTION B

What language/s does your child speak at home? _____

Is your child learning to read or write in a language other than English?

YES

NO

If yes, which language? _____

Please describe your child's current level of English: (Please tick as appropriate)

BEGINNER – first time using English in School

INTERMEDIATE – uses spoken English to communicate confidently

FLUENT – has always used English in school without extra support

How many hours per week are spent on learning English in present school?

SECTION FIVE

APPLICATION PROCESS

Please provide full details of where the invoice should be sent if different from the address provided on page one

Company Name

Street and Number

Postcode and area

Country

Please enclose the following with your application

- Copy of the child's most recent school report (if applicable)
- Photocopy of the child's birth certificate or photo ID, or passport

I certify that all of the above information is accurate

Signed by parent/guardian

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FOR ADMIN USE ONLY		
Application received	Start date	Class
EAL	Entered in database	
NOTES		

Please e-mail or post this application to the address below marked with **ADMISSIONS**