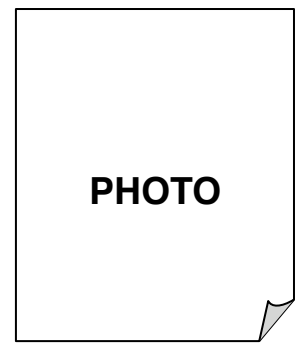




1<sup>st</sup> INTERNATIONAL  
SCHOOL OF OSTRAVA<sup>®</sup>



## INTERNATIONAL PRIMARY SCHOOL

**APPLICATION FOR ADMISSION** ( Please complete in **BLOCK CAPITALS**)

**School Year 2011/2012**

Please complete all details below and return this form to the School Management Team.  
If any changes to your personal details arise please advise us as soon as possible.

Grade Entering \_\_\_\_\_

### PARTICULARS OF THE CHILD

Surname: \_\_\_\_\_ First, middle name: \_\_\_\_\_

Expected entry: (DD/MM) \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home language(s): \_\_\_\_\_ Other language(s) spoken: \_\_\_\_\_

Gender: Male  Female  Religion: \_\_\_\_\_

Siblings at ISO: Name 1 \_\_\_\_\_ Name 2 \_\_\_\_\_

### ADDRESS FOR IMMEDIATE CORRESPONDENCE

Street: \_\_\_\_\_

Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

### PERMANENT ADDRESS (If different than Address for Immediate Correspondence)

Street: \_\_\_\_\_

Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### EMAIL ADDRESS FOR SCHOOL CORRESPONDENCE

\_\_\_\_\_@\_\_\_\_\_



1<sup>st</sup> International School of Ostrava, s.r.o.  
Ostrčilova 19, 702 00 Moravská Ostrava, Czech Republic  
Tel: +420 605 271 250 primary@is-ostrava.cz www.is-ostrava.cz



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## PARTICULARS OF PARENTS / LEGAL GUARDIANS

FATHER:

Surname: \_\_\_\_\_

First, middle name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Telephone at home: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Languages spoken: \_\_\_\_\_

MOTHER:

Surname: \_\_\_\_\_

First, middle name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Telephone at home: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Languages spoken: \_\_\_\_\_

The child will be living with:    Father     Mother     Both parents     Legal Guardian

## INVOICE ADDRESS (Must be completed)

Payment will be made by:    Self     Company     Other

If other, specify: \_\_\_\_\_

Name of person / organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Invoices to the attention of: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duration of payment:    Yearly     Termly



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## SCHOOL HISTORY

Last School Attended: (From) \_\_\_/\_\_\_/\_\_\_ (To) \_\_\_/\_\_\_/\_\_\_

School Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Language used: \_\_\_\_\_

## CHILD BACKGROUND INFORMATION

Do you believe your child will need English as a Second Language support (ESL)? YES  NO

If your child's native language is **not English**; check the box which best describes each skill level:

ENGLISH	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

If your child's native language is **not Czech**; check the box which best describes each skill level:

CZECH	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

Other languages your child uses:

LANGUAGES	Beginning	Intermediate	Advanced



1<sup>st</sup> INTERNATIONAL  
SCHOOL OF OSTRAVA

## CHILD BACKGROUND INFORMATION

- Has your child ever been identified with learning difficulties? YES  NO
- Has your child ever received learning support? YES  NO
- Has your child ever been involved in disciplinary action taken at school? YES  NO
- Does your child have any physical disabilities? YES  NO

If yes please give details:

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## SPECIAL PERMISSION AND INFORMATION

Please tick here if you **do not** give permission for your child to participate in any supervised, short walking field trip out into the local community.

Please tick here if you **do not** give permission for your name, address and telephone number to be printed in the ISO Family Directory.

Please tick here if you **do not** authorize the use of photographs and/or other digital materials including your child's voice or picture to be used for school and / or promotional materials.

### Transition to local Czech State schools

We cannot give a legally binding authorization, but we can give an informal recommendation to students. Local Czech State schools reserve the right to request that the child sit an exam before being offered a placement.

## DECLARATION BY PARENT / LEGAL GUARDIAN

- (a) He/she will attend all sessions required by the school during the school terms, extra sporting and cultural events as notified.
- (b) He/she will arrive punctually at all times.
- (c) He/she will wear the school uniform in a clean and tidy manner and keep his/her hair tidy at all times.
- (d) I accept full responsibility for timely payment of all fees which may be due in respect to the child's attendance at school.
- (e) I will notify the school one term in advance should I intend to withdraw the child for any reason whatsoever.
- (f) In the event of an accident, or serious illness, should the school be unable to contact me, I authorise the Principal to seek medical treatment for the child, at his/her complete discretion. I agree to pay all medical fees in this respect.
- (g) I recognise that the school cannot accept liability for loss or damage, of any nature, to the possessions of the child while he/she is at school or on school trips.
- (h) I agree to accept any changes and additions to these regulations that may occur.
- (i) I give my permission to the 1st International School of Ostrava to process the personal data of my child/children as well as my/our personal data to the extent requested by this Application Form for purposes associated with education, administration and other related matters. This agreement is valid only for the entire period of study of my child/children at the 1<sup>st</sup> International School of Ostrava.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_