

APPLICATION BOOKLET

Please complete this booklet clearly in CAPITAL letters. Families enrolling more than one child should complete an Application Booklet for each child separately. For second and subsequent applications it is not necessary to complete sections marked * Please enter the name and date of birth of siblings in section 9 of this form.

SECTION 1 - STUDENT'S PERSONAL DATA

(Please print)

Family name of child _____	
First name(s) _____	Preferred name _____ (nickname) _____
Date of Birth Day _____ Month _____ Year _____	Place of birth _____
Nationality _____	Male / Female _____
Languages spoken at home: _____	Other language(s) _____
Religion _____	Passport No. _____ Birth no. (if Czech national) _____

Expected date of entry to the school _____	Expected length of stay in Prague _____
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Year Group / Class (if known)	School Site	*If pre school, please tick <input checked="" type="checkbox"/> days: am/ pm				
		Mon	Tue	Wed	Thurs	Fri
	Prague 4 / Prague 6	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

SECTION 2 - STUDENT'S CONTACT DETAILS*

Home address in Czech Republic:	
Street _____	House No. _____
Town _____	District _____ Post Code _____
Contact address (if different from home address)	
Street _____	House No. _____
Town _____	District _____ Post Code _____
Home telephone no. _____	

Administrative use only			
Year Group _____	Class _____	School site _____	Entry Date _____
Trial day _____	Placement Test _____		
Applied for siblings in year groups _____			

SECTION 3 - PREVIOUS EDUCATION AND FURTHER INFORMATION

Name/address of present school	Name of Head of School	From	To
E-mail:	Tel:	Fax:	
Present year group			
Name/address of previous schools	Name of Head	From	To
I give permission for the PBS to contact the present school if further details are required Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION 4 – LANGUAGE

ENGLISH AS A FIRST LANGUAGE (NATIVE SPEAKERS)

What other languages does your child listen to on a regular basis? _____
What other languages does your child use to communicate? _____

ENGLISH AS AN ADDITIONAL LANGUAGE (EAL) not applicable

Please complete this section if you and your family usually speak a language other than English. This will help us to make an initial assessment of the extra help your child may require.	
Please describe your child's current level of English: (please tick as appropriate)	
<input type="checkbox"/>	new to English (first time using English in school)
<input type="checkbox"/>	familiar with English (has already followed a beginner's 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)
Approximately how many hours per week are spent on learning English in present school? _____	
Which language does your child speak at home? _____	
Which languages are spoken at home?	
to mother _____	to father _____
to grandparents _____	to brothers/sisters _____
Which languages are spoken to your child?	
by mother _____	by father _____
by grandparents _____	by brothers/sisters _____
Is your child learning to read or write in a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reading _____	Writing _____
Can your child write in English? Yes <input type="checkbox"/> No <input type="checkbox"/>	with help <input type="checkbox"/> independently <input type="checkbox"/>
Can your child read in English? Yes <input type="checkbox"/> No <input type="checkbox"/>	with help <input type="checkbox"/> independently <input type="checkbox"/>

SECTION 5 - MEDICAL DETAILS

TO BE COMPLETED BY PARENTS			
Please tick the box if your child has any problems with the following that could impact on your child's education:			
Vision		Asthma	
Hearing		Diabetes	
Heart		Hay Fever	
Kidney		Bleeding	
Behavioural		Emotional	
		Speech and Language	
		Epilepsy	
		Bronchitis	
		Bowel	
		Other _____	
Please indicate if your child has any allergies to:			
Food		Medicines	
		Other _____	
If you have ticked any of the above, please provide further details: _____			

Has your child had any of the following illnesses?			
Chicken Pox		Measles	
Scarlet Fever		Poliomyelitis	
Hepatitis A or B		Pneumonia	
Mumps		German Measles	
Whooping Cough		Tuberculosis	
		Mononucleosis	
		Chronic or frequent tonsillitis	
		Chronic or frequent ear infections	
		Other (Specify)	
Provide details if your child:			
<input type="checkbox"/> is under hospital / medical supervision _____			
<input type="checkbox"/> has had any serious illnesses or operations _____			
<input type="checkbox"/> requires daily medication _____			
Please give the name, address and telephone of your present doctor			

Emergency contact person _____ telephone _____			
Should my child sustain an injury while in attendance at PBS, Head of school and/or other members of the school staff have my permission to request medical assistance from the emergency section of the Children's Emergency Hospital. This will only be done after the school has tried all possible ways to reach me or the designated emergency person.			
I understand that the school will take necessary precautions to ensure the safety of my child, but that they can in no way be held responsible for any injury my child may incur while attending PBS.			

TO BE COMPLETED BY A DOCTOR **					
Childs name:					
TBC (BCG or Monrad / Mantoux test)	Date	Pertussis (whooping cough)	Date	Meningitis C	Date
Diphtheria	Date	Polio	Date	MMR (measles, mumps, rubella)	Date
Tetanus	Date	Hepatitis B	Date	Other (Specify)	Date
Doctors name and address:					
Date completed:			Signature and stamp		

***If you provide the school with a stamped medical certificate from a doctor it is not necessary to complete this section.*

SECTION 6 - EDUCATIONAL NEEDS

In order for us to make the most appropriate placement for children we require the following information:

Has any aspect of your child's development ever given cause for concern? Yes/No

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

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/No If yes, at what age? _____

Physiotherapy? Yes/No If yes, at what age? _____

Occupational therapy? Yes/No If yes, at what age? _____

Speech and language therapy? Yes/No If yes, at what age? _____

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

SECTION 7 - PARENTAL DETAILS *

Father / Guardian _____

(if guardian please state relationship)

Surname _____

First name _____

Nationality _____

Work telephone _____

Mobile _____

E-mail* _____

Occupation _____

Company name _____

Company address _____

Mother / Guardian _____

(if guardian please state relationship)

Surname _____

First name _____

Nationality _____

Work telephone _____

Mobile _____

E-mail* _____

Occupation _____

Company name _____

Company address _____

Do you agree to the publication of your name and address on the secure Parents Database Section of the School Web Site?

Yes No

Where did you hear about The Prague British School? (Please tick as appropriate)

Advertisement Your company A listing in a school's directory

Internet Friend or colleague Other _____

* You will receive regular school information by e-mail.

SECTION 8 – PAYMENT*

METHODS OF PAYMENT FOR THE TUITION FEES

Parents may choose to pay on a termly basis or take advantage of the discounted annual academic fee.
Please note that the **annual academic fee** must be paid for the whole Academic Year **in advance**.
Parents who wish to pay **termly** should pay **in 3 instalments (by 1st June, 1st December and 1st March)**.
Detailed list of school fees for each year group is attached.
Period of payment (please tick | **yearly** See the discounted annual fee in the price list. Only if paid for the whole year in advance. | **termly** See the price list for termly instalments. Payable in 3 instalments on **1st June, 1st December and 1st March**. |

Sibling discounts are offered for families paying yearly with more than one child registered in PBS.

A proforma invoice will be sent to you after receipt of this form. Once payment has been made you can receive a follow up invoice (payment confirmation). Please tick if you wish to get also the final invoice.

I wish to receive the final invoice (payment confirmation).

INVOICING DETAILS

Name and address requested on the invoice: _____ _____ _____ _____	Name and address where the invoice should be sent (if different from previous) _____ _____ _____
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If the invoice will be paid by your employer please ask the representative of the company to complete the following:

IČO (Company Registration No.) _____ DIČ (V.A.T. Registration no.): _____	Person responsible for payment: _____ Her / his tel. number _____ E-mail: _____
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As representative of the above company I confirm that the company shall duly pay the price for the relevant Key Stage/year group in accordance with the payment terms and conditions set out in this application form. Notification of any changes will be made in writing in accordance with these terms and conditions.

Name	Date	Stamp and signature

PAYMENT TERMS AND CONDITIONS

- **Payment of tuition fees is due and payable by the date stated on the invoice.**
- Invoices are sent by post to the address indicated in this form.
- Payment may be made at our bank – **Volksbank CZ a.s., Vinohradská 40, Praha 2 or other bank branches, account no: 4200116786/6800, IBAN: CZ82 6800 0000 0042 0011 6786, SWIFT CODE: VBOECZ2X.**
- Invoices are payable net of any bank charges.
- It is also possible to pay in cash at our main office.
- Parents hereby agree that in the case of cash payments of tuition fees, the school is entitled to add a surcharge of **500,- CZK** to cover the costs incurred by the school in connection with handling and administering the cash.
- The main office must be informed in writing of any changes that will affect the invoice, **at least 3 weeks** before the date of issue.
- **Reminders are sent if payment is not received within the required deadlines. In case of late payment, the school is entitled to charge the interest of 0,05% from all amount in arrears. No documents, certificates or reports will be issued unless all outstanding invoices are paid.**
- Failure to make payment within the required deadline may result in suspension of the pupil. In the event of any payment being delayed for more than four weeks the school may not be in a position to offer a place.
- The application fee is **non-refundable** unless the school is unable to provide a place for the pupil.
- Pupils will be allowed to enter the school only on receipt of the application and tuition fees.
- Tuition fees for mid-year enrolment are pro-rata, based on the total weeks remaining in the academic year.
- **The school requires one full term's notice of withdrawal in writing or full term's fees will be charged.**
- There is no refund for absence, withdrawal or dismissal.

SECTION 9 – SIBLINGS (either at or applying to PBS)

Name	Date of birth	School	Year Group / Class

Please write here any additional comments you may have:

APPLICATION PROCESS

Please enclose the following with this application:

- Most recent school reports (translated into English)
- Copy of your child's immunisation record from your doctor **OR** medical details (SECTION 5) confirmed by your doctor
- Passport sized photograph with name on reverse

Incomplete forms, or omission of any of the accompanying documents may result in delay in the application process – any changes to the information on this application should be communicated to the Admission Office immediately.

DATA PROTECTION

I hereby agree that PBS may process and keep all necessary information about the medical state of my child in order to be fully aware of any potential problems which may arise in connection with his/her health.
Furthermore, we agree that PBS may process and keep information about the nationality and religion of my child in order to evaluate from which cultural background the child comes, so as to offer him/her the most suitable study conditions.
In this connection we also hereby agree that PBS may keep the above mentioned information about medical conditions, nationality and religion until my child leaves PBS.

Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

DECLARATION

By signing this document parents confirm that they are aware of the school fees price list currently valid for each Key Stage/year group. Parents shall duly pay the price for relevant Key Stage/year group in accordance with the payment terms and conditions set in this payment form.

I declare that the information given on this application form is correct and understand that incorrect or incomplete information could result in the offer of a place being withdrawn.
I also understand that, in accordance with the PBS's Admissions Policy, parental selection of classes is not possible – decisions regarding the placement of all applicants rest with the school.

Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____