



Application for Admission

*Please complete a separate application for each child. We also request that you provide us with medical details
nt information you might wish to include.*

Please attach a passport sized photograph of your child.

First Name: Last Name:

Sex: Date of Birth:-.....-..... Nationality:
(DD) (MM) (YYYY)

If first language is not English, indicate level:

Beginner **Average** **Good** **Fluent**

Knowledge of other languages (give details of level):

.....
.....
.....

Does your child have any physical or learning disabilities? (if Yes, give a brief outline below):

.....
.....
.....

Expected duration stay at the BISC:

.....

Contact information:

.....

Address :

.....

Email :

.....

Phone no: (MOTHER)..... (FATHER).....

.....

