



Application for Admission

British International School of Cracow

Please complete a separate application for each child. We also request that you provide us with medical details and copies of your child's student records, as well as any other relevant 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):

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

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Expected duration stay at the BISC:

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Contact information:

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Address :

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Email :

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

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Signature:

Date:

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Student Medical Form
British International School of Cracow

Student's Name:

Date of Birth: - - Sex:

Nationality:

Childhood diseases:

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Serious injuries, surgery or illness in the past:

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Allergies:

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Chronic conditions (if your child takes medicine regularly please specify name and times given):

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Eyesight and hearing condition (glasses, contact lenses, hearing aid):

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IMMUNIZATION RECORD

	Dates of vaccinations					
<i>Hepatitis A</i>						
<i>Hepatitis B</i>						
<i>TB Test</i>						
<i>Polio</i>						
<i>Diphtheria</i>						
<i>Mumps</i>						

Signature:

Date:

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