



Application for Admission

Child's details

Forename: _____ Surname: _____
Preferred name: _____ Middle name(s): _____
Date of birth: ____ / ____ / _____ Gender: Male Female
Home address: _____ Post code: _____
Town: _____ Country: _____
Current school: _____
Current school point of contact: (*email or phone*) _____
Birth place: _____ Nationality: _____
Level of English: First language Good Beginner Not spoken
Level of French: First language Good Beginner Not spoken
Other languages: _____

Enrolment details

Desired entry date: _____ *Prekindergarten only:* Full days Half days

Family details Required once per family.

Father's forename: _____	Mother's forename: _____
Surname: _____ Title: _____	Surname: _____ Title: _____
Email address: _____	Email address: _____
<input type="checkbox"/> I consent to receiving BJAB updates via email.	<input type="checkbox"/> I consent to receiving BJAB updates via email.
Mobile phone: _____	Mobile phone: _____
Work phone: _____	Work phone: _____
Profession: _____	Profession: _____
Home address (if different to child): _____ _____ Post code: _____	Home address (if different to child): _____ _____ Post code: _____
Town: _____ Country: _____	Town: _____ Country: _____
Emergency contact first name: _____	Surname: _____
Telephone: _____	Relation: _____

For office use only:	Entry year group: _____	Entry date: _____
iSAMS: <input type="checkbox"/>	Off: <input type="checkbox"/>	Dep: <input type="checkbox"/> Med: <input type="checkbox"/> Vac: <input type="checkbox"/>