



The
British School
of Monaco



Application Form Medical and Emergency Forms

britishschool.mc

STUDENT APPLICATION FORM

School Year: 2022-2023

Student's Family Name

Student's First Name

Student's date of birth (dd/mm/yyyy) Male Female

Nationality (as per passport)

Student's First Language

Language(s) spoken at home

Other languages spoken

Language(s) of instruction in current school (if applicable)

Knowledge of English

Spoken	Native speaker <input type="radio"/>	Intermediate <input type="radio"/>	Beginner <input type="radio"/>	No knowledge <input type="radio"/>
Written	Native speaker <input type="radio"/>	Intermediate <input type="radio"/>	Beginner <input type="radio"/>	No knowledge <input type="radio"/>

Knowledge of French

Spoken	Native speaker <input type="radio"/>	Intermediate <input type="radio"/>	Beginner <input type="radio"/>	No knowledge <input type="radio"/>
Written	Native speaker <input type="radio"/>	Intermediate <input type="radio"/>	Beginner <input type="radio"/>	No knowledge <input type="radio"/>

Year Group applied for (as per The British School of Monaco Admissions Policy)

As per our Admissions Policy, students are allocated to year groups in line with the National Curriculum for England as follows:

Age by 31 August 2022	5	6	7	8	9
Year Group	1	2	3	4	5
Year Group Applied For: September 2022 (please tick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STUDENT APPLICATION FORM

School Year: 2022-2023

PREVIOUS SCHOOLS ATTENDED

NAME, CITY AND COUNTRY	CURRICULUM eg American, English, International Programme	DATES ATTENDED	
		From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT YEAR GROUP/GRADE	<input type="text"/>		

What are your child's particular interests and hobbies or strengths?

Has your child ever received, or been recommended for, additional educational, social or emotional support either in school or by an external agency? Please give relevant details.

Do you have any relevant documentation, such as reports from an Educational Psychologist, Specialist Educational or Teacher Assessments. Please provide details and a copy of the reports.

Has your child ever been suspended or asked to leave a school? Please give relevant details.

Any additional information relevant to your child's application.

Brothers & Sisters (if any)

	Name	Date of Birth	Current School
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT INFORMATION FORM

Parent/Legal Guardian 1

Relationship to student

.....

Mr Mrs Ms Other

Family name

First name

.....

Home address

.....

City

Postcode

.....

Telephone

Email

Occupation

Nationality as per passport

.....

Is this the address for billing?

YES NO

Is this the name/address to be used for general correspondence?

YES NO

Parent/Legal Guardian 2

Relationship to student

.....

Mr Mrs Ms Other

Family name

First name

.....

Home address

.....

City

Postcode

.....

Telephone

Email

Occupation

Nationality as per passport

.....

Is this the address for billing?

YES NO

Is this the name/address to be used for general correspondence?

YES NO

Please note that student reports will automatically be sent to both email addresses.

In the case of divorced or separated parents, The British School of Monaco reserves the right to request copies of custody agreements or other relevant court judgements as required.

Parents/Guardians must notify The British School of Monaco of any change of contact details/personal circumstances.

DECLARATION

- I confirm that I have read and fully subscribe to the Vision and Core Values of The British School of Monaco.
- I confirm that I have read and fully accept the financial Terms and Conditions.
- I understand that withholding information relevant to my child's application may result in my application being declined or withdrawn, including after admission.
- I confirm that I have full authority to make this application on behalf of the student and that all the information provided is correct and complete.
- I understand that automatic re-enrolment for future years is subject to The British School of Monaco's Attendance Policy.

I hereby declare that the information given on this application is correct and I accept the terms of the declaration above. (please tick if agreed)

Signature of parent/guardian 1

Date:

Signature of parent/guardian 2

Date:

MEDICAL INFORMATION FORM

STUDENT INFORMATION

Family Name First Name

Date of birth (dd/mm/yyyy)

MEDICAL INFORMATION

1. Allergies as diagnosed by a medical professional. Please provide a medical certificate.

2. Does your child have an Epipen? YES NO

3. Any ongoing medical conditions. Please provide details.

4. If any medication being taken. Please provide details.

5. Regular medications

Required during school hours Taken at home

Physical Education is part of the compulsory school curriculum. Regular exemption from PE classes requires a medical certificate.

Parents are reminded that it is obligatory under Monaco law to immunise children against Diphtheria, Polio and Tetanus. All such immunisations must be kept up to date.

Please list all immunisations your child has received.

IMMUNISATION	DATE
Diphtheria, Polio, Tetanus	<input type="text"/>
Measles	<input type="text"/>
Mumps	<input type="text"/>
Rubella	<input type="text"/>
Hepatitis – specify	<input type="text"/>
BCG (Tuberculosis)	<input type="text"/>
Other – please specify	<input type="text"/>

Please note: In the event that your child becomes unwell during the day, we will telephone you to request that you collect your child at the earliest opportunity. If it is deemed necessary, the school will call Monaco Ambulance Service and your child will be transported to The Princesse Grace Hospital without delay, accompanied by a member of staff.

EMERGENCY CONTACT FORM

It is essential that we are able to contact a parent or close family friend in the event of emergencies. Please provide details of three contacts.

Emergency Contact 1

Family name First name
Relationship to student
Mobile phone number Alternative phone number
Email

Emergency Contact 2

Family name First name
Relationship to student
Mobile phone number Alternative phone number
Email

Emergency Contact 3

Family name First name
Relationship to student
Mobile phone number Alternative phone number
Email



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