**ELA Basel Primary School Application Form**

**(**PLEASE BLOCK PRINT OR TYPE, IN ENGLISH**)**

**Document Check: Please include/attach with this application form:**

* **Most recent copy of your child’s previous school report**
* **Copy of your child’s identity document (passport/permit etc.)**
* **A recent photograph of your child (within the last 3 months)**

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| **Information** | | | | | | |
| Child’s first name: | | | | | Male / Female | |
| Child’s last name/surname: | | | | | | |
| Date of Birth (day/month/year): | | | Nationality(ies): | | | |
| **Language Profile** | | | | | | |
| Languages studied by your child and for how long: | | | | | | |
| Mother Tongue: | | Spoken: | | Written: | | Years: |
| Language 2: | | Spoken: | | Written: | | Years: |
| Language 3: | | Spoken: | | Written: | | Years: |
| **Stay in Switzerland** | | | | | | |
| Requested start date: | Month: | | | | Year: | |
| Anticipated stay in Switzerland: | Permanent: | | | | Number of Years: | |
| **Educational Background** | | | | | | |
| Has your child ever been placed in a year group above or below their chronological age?  If so please provide details: | |  | | | | |
| Has your child received support for specific academic subjects?  If so please provide details: | |  | | | | |
| Has your child received support for other areas such as emotional, social or behavioural?  If so please provide details: | |  | | | | |

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| **Medical Information** | |
| Does your child suffer from any food or other allergies?  If so please provide details: |  |
| Does your child have any medical conditions that ELA Basel should be aware of?  If so please provide details: |  |
| **Do you have siblings already at ELA Basel or who are applying for a place?** | |
| Sibling 1: | |
| Sibling 2: | |
| Sibling 3 | |

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| **Parent/Guardian Information** |
| **Relationship to child:** |
| First name: |
| Last name/surname: |
| Nationality(ies): |
| Contact address: |
| Home phone number: |
| Mobile phone number: |
| Employer: Employer Phone: |
| Job title: |
| **Relationship to child:** |
| First name: |
| Last name/surname: |
| Nationality(ies): |
| Contact address: |
| Home phone number: |
| Mobile phone number: |
| Employer: Employer Phone: |
| Job title: |

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| **Please indicate the days you would like your child to attend our After School Programme:**  Primary School Core Hours: Children may be collected at 3:30pm Monday to Thursday and 2:00pm on Friday (Mandatory)  After School Programme: Children may be collected between 5:00pm and 6:00pm Monday to Friday (Optional) | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Core Hours | X | X | X | X | X |
| After School Programme |  |  |  |  |  |

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| **Other Information** | | | |
| Please indicate the name and contact email of the school your child currently attends. We will send our new student questionnaire to them as part of the application process.  Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Please indicate any information about home life that would be useful for ELA Basel to know:**  (Such as divorced parents, custody and access arrangements, legal guardians etc.) | | | |
| **Please tick the appropriate boxes:**  I should be invoiced for all tuition and fees for my child.  My employer should be invoiced for all tuition and fees for my child.    My employer should be invoiced for only mandatory core hours for my child.  Invoicing option: Semester Quarter | | | |
| ELA Basel uses digital communication for all general school information and notices. Please indicate below your preferred email address for all such communication:  Preferred Email address: | | | |
| ELA Basel would like to share your preferred email with the Primary School Class Parent. This parent organises social events for the class and parents. | | Yes | No |
| From time to time, ELA Basel uses photographs of children for marketing purposes such as information flyers, prospectuses and our website. May we use photographs of your child in ELA Basel marketing material? Please circle: | | Yes | No |
| How did you hear about ELA Basel? | | | |
| Parent/Guardian signature: | Date: | | |
| Parent/Guardian signature: | Date: | | |