

## **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)

Student 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:	Spoken:		Written:		Years:	
Language 2:		Spoken:		Written:		Years:		
Language 3:	Language 3: Spoken:			Written:		Year	s:	
Stay in Switzerland								
Requested start date:	Mor	lonth:			Year:			
Anticipated stay in Switzerland:	Perr	ermanent:			Number of Years:			
Educational Background								
Has your child ever been placed in year group above or below their chronological age? If so please provide details:	а							
Has your child received support fo specific academic subjects? If so please provide details:	r							
Has your child received support fo other areas such as emotional, soo or behavioural? If so please provide details:								

Tel: +41 61 313 05 80

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				

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

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	Х	Х	X	X	Х
After School Programme					

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 box I should be invoiced for all tuition and fees for my child.	es: [				
My employer should be invoiced for all tuition and fees for my child	d. [				
My employer should be invoiced for only mandatory core hours for	r my child.				
Invoicing option: Semester Quarter Quarter	]				
ELA Basel would like to share your preferred email with the Primar Class Parent. This parent organises social events for the class and p	-	Yes	No		
From time to time, ELA Basel uses photographs of children for mar purposes. May we use your child's image for any legal use includir limited to advertising, web content and social media (facebook)? P	g but not	Yes	No		
How did you hear about ELA Basel?					
Parent/Guardian signature:	Date:				
Parent/Guardian signature:	Date:				