



Britannica International School Budapest

Bringing the best of British Education to Hungary

REGISTRATION FORM

Student Information

Student's family name			
Student's first name			
Student's gender	Male:	Female:	
Date of birth: (DD\MM\YYYY)			
Place of birth	Country:	Town:	
Nationality (1st):	Nationality (2nd):		
Address	Post code:	House number, Street name:	
City:			

Parent/Guardian information

Father's name:	Nationality:	First language:
Mother's name at birth:	Nationality:	First language:
Marital status:		
	Father	Mother:
Occupation/business title:		
Company:		



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Contact details	Father	Mother
Phone numbers		
E-mail addresses		

EMERGENCY CONTACT:PHONE NUMBER.....

Authorized person(s) to pick up your child other than parents:

Name 1: _____ Name 2: _____
Name3: _____

Would you like to receive school letter sent by e-mail?	Yes	No
Any other information on family circumstances you wish to share with school?		

Educational information

Year applying for:		
Full name of present school	Country	School's telephone

On receipt of the completed registration form the Britannica International School may contact the applicant's current and previous schools for further information.

Dates of attendance in above school	
Curriculum (British, Hungarian, etc.)	
School year/grade at time of applying	
Language of instruction	



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Most recent schools attendend by the applicant			
Name of school	Location	Dates of attendance	Grade

Has the student ever repeated a year?	Yes	No
What was the child's attendance at school over the last 12 months?		
What are the student's academic strengths and weaknesses?		
Has the family lived outside their home country before? If yes, where?		
Are there any factors that Britannica International School should be aware of, in order to provide the best educational programme for your child?		

Which languages can the student understand, speak, read and write with reasonable fluency?				
	Understands	Speaks	Reads	Writes
First language				
Second language				
Third language				
Which languages are spoken at home?				

How will your child be coming to and from school?		
Would you be interested in the school bus service?	Yes	No



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MEDICAL INFORMATION

Student's family name: _____ Student's first name: _____

Emergency contact: _____
Name Telephone

Medical insurance number (Hungarian TAJ or other- please specify): _____

Date of birth: Year _____ Month _____ Day _____

Does your child have any allergies? If yes, please specify:

Has your child had any of the following? If yes, please tick the appropriate boxes and give further comments below.

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Attention deficit |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Behavioral problem |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Hospitalizations |
| <input type="checkbox"/> Physical problem (eyesight, etc.) | <input type="checkbox"/> Other serious illness |
| <input type="checkbox"/> Epilepsy | |

Does your child take regular medication? If yes, please give details:

Does your child have any special requirements towards school lunch? (Special diet, vegetarian, religious reason, etc.)

I consent to my child receiving necessary medication and/ or First Aid at the school in the first instance and/ or arrangements being made, in an emergency, for my child to receive initial treatment at a clinic/ hospital of the school's choice.

Signature of Parent / Guardian _____



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Please return the following documents to the school office:

- Copy of student's passport/ID and visa/residence permit
 - Copy of passport and visa/residence permit of one parent
 - Copy of 2 latest school report in English (if not in English originally, must be translated to English)
 - Registration form
 - Medical form
 - Vaccination card
 - 1 passport size photo
1. I will keep the school informed of any changes of my home address or telephone numbers and e-mail addresses.
 2. I agree to notify the school at the time of any illness, accident, medical condition or any other circumstances which might affect the physical or mental performance of the child.
 3. I recognise that the school cannot accept liability for loss or damage to the possessions of the child while he/she is at school or on school trips.
 4. I agree that my contact details will be included in a list of contacts to be distributed to parents at the start of the year.

Consent to use of image

During the school year photographs and/or videos of school events and activities are taken of students. By signing this form, you give permission to the school for using such images in its brochures, advertising and website as well as on social media without identifying the name or family of the child.

Yes, I give my permission

No, I do not give my permission

Date

Signature of parent/guardian

Print name