



Admissions Application Form

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1634 Taguig, Metro Manila, Philippines
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Email: enquiries@britishschoolmanila.org
www.britishschoolmanila.org

Accredited by:



Date of application

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| day | | month | | year | |

Current year level / grade at present school

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
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Expected entry date

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| day | | month | | year | |

Actual arrival date in Manila

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| day | | month | | year | |

Personal Information

 Last name First names Nickname

Name of student (as per birth certificate and/or passport)

Date of birth

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
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Age on date of application
Gender

| |
|---|
| M |
|---|

| |
|---|
| F |
|---|

 Religion Nationality Citizenship

 Students passport number Issued at

Student's first language

| Competency | Fluent | Basic | Weak |
|---------------------------|----------------------|----------------------|----------------------|
| Reading | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Writing | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Speaking | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Listening (understanding) | | <input type="text"/> | <input type="text"/> |

Student's second language

| Competency | Fluent | Basic | Weak |
|---------------------------|----------------------|----------------------|----------------------|
| Reading | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Writing | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Speaking | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Listening (understanding) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

 Language spoken at home

Do both parents speak English?

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Yes No

If English is not your first language please answer the following:

What age did you start learning English? _____

Where did you have ESL lessons?

At school Private Tutor At language school Combination of these

Family Information

The legal guardians of the applicant are:

Father

Mother

Stepfather

Stepmother

Others

(Please specify)

Others

(Please specify)

Father / Male Guardian

Last name _____

First name _____

Nationality _____
(as per passport)

Name of Employment
Company _____

Industry _____

Position _____

Address _____

Office Tel _____

Mobile _____

Email _____

Mother / Female Guardian

Last name _____

First name _____

Nationality _____
(as per passport)

Name of Employment
Company _____

Industry _____

Position _____

Address _____

Office Tel _____

Mobile _____

Email _____

Emergency contact (if unable to contact parent) _____

Contact address in country of current residence

Tel Fax Mobile Email

Home address in the Philippines

Tel Fax Mobile Email

Mailing address in the Philippines for billing and correspondences

Same as home address If not please specify _____

Education History

Current School

Current year level _____ Start date _____ Leaving date _____

Head of school _____

Contact details _____

School address _____

Tel no _____ Email _____

Other Schools Attended

| Age | Year Level | School Name | Country | Year Completed (month/year to month/year) | SATs/GCSEs and other Results Achieved |
|-----|-------------|-------------|---------|--|--|
| 3+ | Nursery | | | to | |
| 4+ | Reception | | | to | |
| 5+ | Year One | | | to | |
| 6+ | Year Two | | | to | |
| 7+ | Year Three | | | to | |
| 8+ | Year Four | | | to | |
| 9+ | Year Five | | | to | |
| 10+ | Year Six | | | to | |
| 11+ | Year Seven | | | to | |
| 12+ | Year Eight | | | to | |
| 13+ | Year Nine | | | to | |
| 14+ | Year Ten | | | to | |
| 15+ | Year Eleven | | | to | |
| 16+ | Year Twelve | | | to | |

Please attach the last two years' reports. For students applying from a non-British system please include keys to grading system used. All documents must be in English. Also provide sample of English and Maths work.

Student Information

This information helps us to assess your child's educational needs. Please complete this form as fully as possible. If there is any information that you would prefer to share in person, please approach your child's teacher or Head of School.

Y N Has your child ever had any behavioural difficulties? (If yes, please give details)

Y N Do you have any concerns about your child's development? (i.e. does he/she have difficulty making friends? Does he /she only have friends who are older or younger? (If yes, please give details)

Y N Has your child received any special education input in the past?(e.g. an individual education programme - IEP, extra help with reading / spelling, speech and language therapy, occupational therapy, an assessment by an educational psychologist, etc?) If yes, please give details and/or copies of reports which have not been passed to BSM.

Y N Do you think your child has any special educational needs? Are there any subjects or particular areas that you feel he/she needs a little extra help in? (If yes, please give details)

Y N Is there a family history of dyslexia (reading and spelling problems) or any other educational difficulties? (If yes, please give details)

Y N Does your child have or has ever had any visual, hearing or motor skills problems? (If yes, please give details)

Applicable for Primary School Applicants (Nursery - Year 6)

Y N Any complications during labour or just after birth? (Induced labour, long labour, emergency caesarian section, child in distress, cord wrapped around the neck, low birth weight, jaundice, infection, etc)

| | | |
|---|---|--|
| Y | N | Is (or was) prone to coughs, colds and ear infections? |
|---|---|--|

| | | |
|---|---|---|
| Y | N | Does your child have (or has ever had) feeding or diet problems (e.g. problems with sucking, chewing, swallowing, drooling, etc?) |
|---|---|---|

Please try to provide approximate ages for when your child first achieved the following:

Crawling _____ First clear words _____ Walking _____ Having a conversation _____
 Standing _____ Toilet training _____ Dressing self _____ Feeding self _____

Please add any information which you feel would help us in providing for your child's needs

Sibling Information

| | | | | |
|---------------|--|--|--|--|
| Name | | | | |
| Gender | | | | |
| Date of Birth | | | | |
| School | | | | |

Student Health Record

| Illness | Date | Illness | Date |
|-----------------------|------|-------------------------------|------|
| Chicken Pox | | Heart Problems | |
| Rubella | | Epilepsy | |
| Measels | | Febrile Convulsion | |
| Mumps | | Meningitis | |
| Pertussis | | Diabetes | |
| Poliomyelitis | | Asthma | |
| Tuberculosis | | Chronic ear infection | |
| Hepatitis A | | Urinary tract infection | |
| Hepatitis B | | Eczema | |
| Behavioural disorders | | Others - please specify _____ | |

Immunisation History

Student admission to BSM requires appropriate age immunization. An official record of immunization must be submitted as part of the application and admissions process

| | Date 1st | Date 2nd | Date 3rd | Date | Date | Date |
|------------------------------------|-------------|-------------|-------------|------|------|------|
| Polio* | | | | | | |
| DPT (Diphtheria/Pertusis/Tetanus*) | | | | | | |
| DT (Diphtheria/Tetanus) | | | | | | |
| HIB (Haemophilous Influenza B) | | | | | | |
| MMR (Measles, Mumps & Rubella) | | | | | | |
| Typhoid | | | | | | |
| Hepatitis A | | | | | | |
| Hepatitis B | | | | | | |
| BCG (Tuberculosis) | | | | | | |
| Meningitis A & B | | | | | | |
| Japanese Encephalitis | | | | | | |
| HPV (Human Papillomavirus) | | | | | | |
| Chicken Pox / Varicella | | | | | | |
| Any other | | | | | | |

* Initial series given in infancy

What is your child's blood type _____ RH Group _____

Medication taken on a regular basis _____

Any know allergies (e.g. peanuts, elastoplast, iodine). If so what medication is taken?

Has your child ever been hospitalised Y N If so for what? _____

Do you have any other concerns regarding your child's health? (please explain)

Student's pediatrician _____

Address _____

Insurance Policy Details

Medical Insurance Company _____

Telephone _____

Policy Nos _____

Please note: It is mandatory that this medical insurance covers accidents and injuries from sports and other activities.

Authorisation

I hereby give/do not give my consent to have my child participate in the health procedure listed below:

First Aid treatment in school medical room

 Y N

Permission for minor medications ie. paracetamol/non-prescription

 Y N

To take the student to hospital in case of emergency

(every effort will be made to contact you or the names emergency contact first)

 Y N

I undertake to pay any cost arising from such treatment and from injury or illness while at the British School or on any school related activity.

Parent/Guardian signature _____

(Please sign over printed name)

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| day | | month | | year | |

Please note:

It is the parents' responsibility to inform the British School Manila Medical Clinic of any update regarding their child's medical record.

Financial Details

Who will be responsible for the payment of fees?

Parents

Company

Company Name _____

Name _____

Position _____

Department _____

Email _____

Telephone no _____

Visa Information

Visa status _____

Visa type _____

Visa valid until _____

ACR ID-Card number _____

ACR ID-Card serial number _____

(as indicated on the back of the card)

ACR ID-Card issuance date _____

Authorised stay _____

Passport No _____

Expiration date _____

References

Kindly provide us two names with the telephone numbers and email address of the referees who will be completing the recommendation form for the student.

Name _____

Name _____

Relationship to student _____

Relationship to student _____

Telephone _____

Telephone _____

Email _____

Email _____

Conditions of Enrolment

The submission of this Application Form for my child at the British School Manila implies the following:

I agree to abide by the rules and procedures of the School as set out by the Board of Governors and the Leadership Team.

I understand that all expatriate students must have an appropriate valid visa before enrolment is accepted and throughout the time of enrolment.

I will support the learning provided by the School, read the School's newsletters and also be part of the School's Contact List and my child's Class Emergency Contact List.

I will ensure that my child's medical insurance covers accidents and injuries from sport and other activities.

I understand and agree that the school shall not be liable for any injury or any loss or damage of any kind whatsoever which my child may sustain at any time either within the School premises, or on authorised field trips, which is not directly and solely attributable to the negligence of the School.

I understand that the School, for any just and valid reason/s and after due process, may require the withdrawal of a student from the School as may be determined by the Head of School. Reasons for this may include, but are not limited to, the student's inability to participate in or benefit fully from the School's curriculum or the parents'/guardians' failure to co-operate with the School to support the needs of a student. The School's decision is final.

I grant consent for the use of photographs, video, films, written or visual class works of my child on the school website, and/or for advertising and/or for the school's printed materials.

I grant consent for the school to contact previous school(s) regarding the student's application to British School Manila.

I understand that the School welcomes parent interaction and I also understand that timely and respectful communication between home and school is vital.

I understand that at the discretion of the Head of School, the school reserves the right to expel or temporarily suspend a child from school for bad behavior or non payment of Tuition fees.

I accept that written notice for withdrawal must be given in writing addressed to the Head of School one month prior to the end of each term. Failure to comply with these requirements will entitle the School to full payment of the fees for the following term in respect of each child to be withdrawn.

I confirm that I have read and understood all terms and conditions of my child's / children's enrolment including but not limited to those contained in the admissions pack. I also agree to be bound by these written terms and conditions which will prevail over any other representations, verbal or otherwise, unless signed by the Head of School.

Declaration and Signature

I declare that the information on this form is true and correct. I acknowledge that incorrect information or withholding of relevant information provided in this application might invalidate and/or cancel the enrolment of my child.

I agree to abide by the regulations of the British School Manila.

I have read and I fully understand the above terms and conditions and express my agreement to comply with the school policies set out above.

Father/Stepfather/Guardian _____

(Please sign over printed name)

| | | | | | |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| day | | month | | year | |

Mother/Stepmother/Guardian _____

(Please sign over printed name)

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| day | | month | | year | |

The school reserves its right and prerogative to allow or deny enrolment and/or re-enrolment of students based on compliance or non-compliance with existing school policies on admission, academics, conduct, discipline and the like.

Data Protection-Privacy Statement and Consent Form

By clicking the checkbox at the bottom of the Privacy statement and consent form, you signify that you understand and agree to the processing of your child/ren's and family's personal and sensitive personal information in accordance with the Data Protection - Privacy Statement and Consent Form. You also warrant that you have secured the necessary consent from the person/s on whose behalf you give consent.

To access the data protection consent form, please use this link: **Data Protection - Privacy Statement and Consent Form**

Application Checklist

Completed application form

Copy of Passport

Health record

Visa /ACR

Medical Insurance

Copy of Birth Certificate

School Reports:

Two completed recommendation forms:

Current School Report

Recommendation 1

Previous School Report

Recommendation 2

Photos

a. Applicant's photo

Data Protection-Privacy

b. Father/Step Father's Photo/Other

Statement and Consent form

c. Mother/Step Mother's Photo /Other

Application Fee

