



REGISTRATION FORM

- PROPOSED DATE OF ENTRY
- CAMPUS (please circle): Zekeriyaköy (Pre School, Reception, Primary, Secondary)
Etiler (Pre School, Reception, Primary)

STUDENT DATA

- Student's Surname : _____
- First Name/Middle Name : _____
- Name to Appear on Official Documents: _____
- Name of Choice : _____
- Gender : _____
- Age : _____
- Date of Birth : _____
- Place of Birth : _____
- Nationality : _____
- Passport No. _____
- First Language : _____
- Second Language : _____
- Year applied for : _____
- Academic Year : _____

FAMILY DATA - Please ensure to complete a phone number and email address

Father's Name : _____	Mother's Name : _____
Occupation : _____	Occupation : _____
Position: _____	Position: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
_____	_____
_____	_____
Office Phone No : () _____	Office Phone No : () _____
Office Fax No : () _____	Office Fax No : () _____
Home Address : _____	Home Address : _____
_____	_____
_____	_____
Home Phone No : () _____	Home Phone No : () _____
Home Fax No : () _____	Home Fax No : () _____
Mobile No : () _____	Mobile No : () _____
e-mail address : _____	e-mail address : _____

Marital Status:
Legal Guardian:

- Married Separated Divorced
 Mother Father
 Other

* If other please give details:

Guardian's Home Phone No : () _____

Fax No : () _____

Mobile No : () _____

e-mail address : _____

EDUCATIONAL INFORMATION

- Name & Contact Details of current school or last school attended :

Adress: _____

Tel/Fax: _____

e-mail: _____

- The dates of attendance : _____
- Type of School : International Private Public Boarding
- Curriculum: IBO IGCSE National System UK / USA / Other _____
- Language of Instruction : _____
- Do you foresee a need for your child's participation in EAL (English as Additional Language) program? Yes No
- Has your child ever been tested or evaluated for any possible learning disabilities? Yes No
- Has your child ever been disciplined for serious misconduct? If yes, please explain.

- Has your child ever been dismissed or suspended from school? If yes, please give details.

PLEASE LIST SIBLINGS WHO ARE APPLYING FOR ADMISSION OR WHO ARE ALREADY REGISTERED AT BISI:

NAME	GENDER	YEAR

- Choice of transportation?

School Service Bus
 Family
 Driver
 Other _____

- How did you hear about The British International School ?

Internet
 Friend
 School principal, teachers or employers
 Consulate
 Other _____

- How long do you anticipate staying in Istanbul ?

- Would you like your home telephone number released to parents of students in your child's class YES / NO (please indicate)

I declare that my child _____ is not a Citizen of The Republic of Turkey.

* The British International School has no Equivalence with the Turkish Ministry of Education for Turkish Nationals.

I, hereby, declare that I have read and understood the information above. The information provided in this form is true and accurate to the best of my knowledge.

Date: _____

Parent's Name: _____

Signature: _____

Registration agreement.

Please forward this form to the Admissions Office.

BRITISH INTERNATIONAL SCHOOL ISTANBUL

Meydan Sokak Spring Giz Plaza No 29 Kat 5, 34398 Maslak, İstanbul – Turkey

Tel: (90) 212 286 7375 Fax: (90) 212 286 6980

email: registrar@bis.k12.tr

Director Of Admissions _____ Date of Final Departure _____