

Application Form

Please use one application form for each child.

Application can be accepted by the Admissions Office with the following documents:

- A copy of your child's passport
- A copy of your child's health insurance card
- Copies of most recent school reports in English
- Two signed copies of the Education Agreement

FOR OFFICIAL USE ONLY



Personal Information

Surname	Name(s)
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Date of Birth (DD/MM/YY)	Gender
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Town and Country of Birth

Nationality	Citizenship
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Birth Number (if applicable)	Home Language(s)
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Other Languages Spoken

BISB Year Group	Requested Date of Entry
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Are there other children (siblings) linked to this application
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Name and Year groups of brothers and sisters at BISB
.....
.....
.....
.....
.....

Particulars of Parent or Legal Guardian

	Father	Mother
Surname		
Name(s)		
Nationality		
Language Spoken		
Home Address in Slovakia		
Telephone at Home		
Mobile		
Employer		
Position		
E-mail		

The child will be living with Father Mother Both Other

PEOPLE TO BE CONTACTED IN EMERGENCY CASES (Other than parents) Please provide the names and details of two people whom the school can contact in an emergency in case we cannot reach parents.

Name	Telephone No.
Name	Telephone No.

PEOPLE AUTHORISED TO COLLECT CHILD/CHILDREN FROM THE SCHOOL (Other than parents) Please provide the names and details of two people who can collect your child/children from the school.

Name	Telephone No.
Name	Telephone No.

Would you be interested to join our PTA (Parents Teachers Association)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like to be involved in school life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If yes, specify in which area (i.e. reading with children, accompanying on trips, organizing social events, running an after school club, etc.)

Academic Information

Last School Attended	
From	To
School Address	
Contact Person	
E-mail	Telephone Number
Language Used at School	
<input type="checkbox"/> I understand that BISB might contact my child`s previous school for further information about the child/children.	

Please tick the level of English proficiency which best describes your child

Beginner <input type="checkbox"/>	Gaining Confidence <input type="checkbox"/>	Confident <input type="checkbox"/>	Fluent <input type="checkbox"/>	Mother Tongue <input type="checkbox"/>
Number of years of learning English language (if not native speaker)				

Which language would you like your child to study at our school

Year 3-6	German <input type="checkbox"/>	French <input type="checkbox"/>	
Year 7-9	German <input type="checkbox"/>	French <input type="checkbox"/>	Spanish <input type="checkbox"/>
Has your child studied this language already?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, for how many years?			

In what activities has your child shown special interests or talent?

Does your child have any areas of exceptional ability?

Special Educational Needs (SEN)

It is important for us to have as much information as possible about your child's needs before they start school to ensure their transition is as smooth as possible.

Has your child experienced any difficulties at previous schools or nurseries? For example, learning difficulties, behavioural issues or social difficulties?

Yes

No

*If yes, please provide more details here:

Has your child been referred to any specialists either inside or outside school? For example, Learning Support Department, School Counsellor, Psychologist, Speech and Language Therapist, Occupational Therapist?

Yes

No

*If yes, please provide copies of any Reports.

Has your child been diagnosed with the one of the following?

Autistic Spectrum

Attention Deficit Disorder (ADD)

Attention Hyperactivity Deficit Disorder

Dyspraxia

Dyslexia

Dysgrafia

Dyscalculia

Oppositional Defiant Disorders

Speech, language and communication needs

Cerebral Palsy

Hearing Impairment

Visual Impairment

*If you ticked any of the above, please include copies of any relevant reports or attach detailed information if no reports available.

Does your child have any other issues which you feel may affect their learning or settling into school?

Yes

No

*If yes, please explain:

Medical Information Form

Please answer the following questions about your child. This information will help us to keep your child safe, both at school and on trips.

Does your child have any medical conditions (e.g. asthma, epilepsy, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any special dietary requirements, including food allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child allergic to any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child take any regular medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above questions please provide details:

Please indicate if your child has experienced any of the following within the last 5 years:

Health Problems Allergies/Sensitivities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rashes or Skin Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ear Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trouble with Hearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trouble with Eyes or Vision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizures (Convulsions) or Spells	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meningitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sinusitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pneumonia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bowel Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Slow Weight Gain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anaemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Poisoning or Overdose	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Serious Injury (-ies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hospitalised	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery (Operation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Illnesses or Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behind in Immunisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chicken Pox	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scarlet Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please explain any "Yes" answers here and give dates:

Declaration

I declare that the information provided above is to the best of my knowledge complete and accurate. I acknowledge that it is my responsibility to inform the school should any of the information change or should there be any change in the medical condition of my child.

I agree to my child receiving any and all unavoidable medication and medical care in an emergency. I agree to my child receiving any unavoidable dental, medical or surgical treatment, including

anaesthetic or blood transfusion as considered necessary by medical authorities in an emergency.

I agree that any medical expenses in above mentioned circumstances incurred by the school will be reimbursed by myself.

Parent/Guardian Signature

Date

Responsibility for School Fees

Responsible for Application Fee* payment (if applicable)	Company <input type="checkbox"/>	Parents <input type="checkbox"/>
Responsible for Registration Fee payment	Company <input type="checkbox"/>	Parents <input type="checkbox"/>
Responsible for Deposit payment	Company <input type="checkbox"/>	Parents <input type="checkbox"/>
Responsible for School Tuition fees payment	Company <input type="checkbox"/>	Parents <input type="checkbox"/>
Would you like to join fees refund insurance scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company responsible for payment of fees:	
Contact Person	
E-mail	Telephone
Billing Address	

For official use only:		
Sibling Discount Applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Corporate Discount Applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>

* Application fee is only charged to applicants to whom the school can only offer a place on a waiting list.

Privacy Information Collection Statement (PICS)

FORM OF CONSENT

As a general rule, we do not process Special Categories of Personal Data of Students, Parents or Guardians. However, in order to provide our education and schooling services (including extra-curricular activities) effectively to you or any Student you are responsible for, we are, in certain very limited circumstances, required to collect, process and disclose Special Categories of Personal Data of Students.

Where we must process also Special Categories of Personal Data, we will generally do so on the basis that it is necessary for reasons of substantial public interest, to protect the vital interests of a Student, or for us to defend, prosecute or make a legal claim. However, in the very limited instances where it is necessary for us to process the following categories of personal data relating to Students, we will do so only on the basis of your explicit consent, provided on behalf of the Student that you are responsible for.

By ticking the relevant boxes and signing this form you, [the Parents/Guardians](#), consent that British International School Bratislava s.r.o.(1) or Súkromná spojená škola British International School Bratislava(2), our headquarters NAE Hong Kong Limited(3) and our Regional Offices as data Controllers processing of Personal Data as described below, including the Special Categories of Personal data on behalf of the Student you are responsible for to the extent of

- Health/medical information (e.g. allergies, disabilities, dietary requirements, records of accidents and illnesses), so that we can maintain a safe environment for all Students;**

Without this data we are unable to let your child use the canteen, go on expeditions or day trips and see the School nurse as we would be unable to provide a safe and secure environment for them.

- Religious beliefs and ethnicity: where required a Students to observe religious/cultural practices, customs and/or celebrations;**

Without this data, children may not be able to join in cultural celebrations or particular classes focusing on religion and beliefs.

- Photographs of Students, so that we can identify them for security purposes.**

Without this data children we will not have an identifying photo on our system to identify the child in an emergency situation.

We will process the Personal Data related to Data Subject for the above mentioned purposes. Such processing of Personal Data requires the consent of the Data Subject or its legal representative. Granting your consent is entirely voluntary. In addition, You (or the Student you are responsible for, if applicable) are free to withdraw in writing your consent at any time by contacting us, email address: pdp@bisb.sk. In such case, we will terminate further processing of the Personal Data performed on the basis of granted consent. However, the withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal. However, where you do so we may not be able to provide you or students some aspects of our services in its entirety, mainly in cases where it is necessary to process such data for proper performance of our services.

By signing this form, you also confirm that you have been acknowledged of our use of Personal Data as set out in this [Privacy Information Collection Statement \(“PICS”\)](#) available in full version on our website here <https://www.nordangliaeducation.com/en/our-schools/bratislava/privacy-and-cookie-policy> in which we provide you with the information required under Art. 13 and 14 of the Regulation (EU) 2016/679 (“GDPR”).

Parent/Guardian Signature

Date

(1) Of address J.Valaštana Dolinského 1, 841 02 Bratislava, Slovak Republic

(2) Of address J.Valaštana Dolinského 1, 841 02 Bratislava, Slovak Republic

(3) Of address St George’s Building Level 12, 2 Ice House Street, Central, Hong Kong, China

Consent for the Use of Photographs and Video

This form of notice supplements Súkromná spojená škola British International School Bratislava, with registered office at J. Valaštana Dolinského 1, 841 02 Bratislava, ID No.: 307 953 71, registered in the Statistical Office of the Slovak Republic (“the School”, we, our or us) general Privacy Information Collection Statement (PICS) which is available in full version on our website here: <https://www.nordangliaeducation.com/en/our-schools/bratislava/privacy-and-cookie-policy>. This form relates specifically to instances where you may allow us to take photographs and video footage of a Student you have parental responsibility for (“your Child”).

We would be grateful if you would sign this form to give us permission to take photos of your Child / Student and use these in our printed and online publicity.

By signing this form, you give us permission to take photographs and video footage of the Student and to use and disclose such photographs and/or videos of your Child for the **purpose of our printed and online publicity, School’s promotion and informing about activities of the School mainly in the following forms:**

- The use in and around school, in places that might be seen by visitors, such as billboards, posters or classroom displays;
- On our School, group websites and other School digital platforms for newsletters and updates on events and activities at the School such as sports games, parent or open days, fairs, concerts and performances, etc.
- On our social media platforms such as Facebook/Twitter/Instagram, etc.: or
- In wider marketing materials used by us, including yearbooks, handbooks, prospectuses, admissions materials, promotional videos, magazine adverts and out of home advertising.

Child’s personal data shall be processed in following extent: name, surname; photographs and videos; description of activities/ events, class, year group, etc.

I am aware that the provision of this consent is voluntary, is not subject to fulfillment of any contractual obligations and the failure to do so will have no negative consequences for my Child or me.

This consent shall be valid for the period of Child’s attendance of our School, unless withdrawn earlier.

The School owns the copyright of any images taken and they will only be used for the purpose/s mentioned above.

I have been informed that I have the right to withdraw my consent in writing at any time in whole or in part by sending a notice of withdrawal of my consent to the Data Protection Officer at pdp@bisb.sk. I am aware that the withdrawal of consent is without prejudice to the lawfulness of the processing of personal data acquired prior the withdrawal of the consent.

Conditions for use of photographs and video footage are set out further down of this form. By signing this form, you confirm that you have read and understood the conditions of use. You hereby confirm that you were notified of all information specified under Art. 13 and 14 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46 / EC (“GDPR”) beforehand, including the rights of data subject.

Parent/Guardian Signature

Date

Conditions of use of photographs and videos featuring Students by the School:

- To the extent that you have provided consent and (where applicable) your Child is in agreement with us taking photographs or video footage of him/her, we will store those images and/or footage in our School archives and will use them for the stated purposes only. We have strict controls over the type of images published and the use of photographs and video footage on all of our publications and we will never sell any materials to third parties.
- It is the responsibility of you (or where applicable, your Child) to inform the School of any withdrawal of the consent previously provided on this form. More information is provided below at Withdrawal of Consent.
- Where appropriate, we may add the name of the person featured in the photograph/film. We will not include personal email or postal addresses, telephone or fax numbers on our website or in printed publications.
- The School may use pictures of students and teachers that have been drawn or created by students.
- The School may use group or class images or videos of pupils with general labels, e.g. sports day.
- The School will only use images and videos of pupils who are suitably dressed, i.e. it would not be suitable to display an image of a pupil in swimwear.
- Consent will be recorded on the School’s Management Information System and will be retained no longer than is necessary for the purpose the data was obtained for.
- You agree that if you take photographs or video recordings of your child/ren, which include other pupils, you will use these photographs/pictures for personal and family use only.

Refreshing your consent:

This consent is valid for the period of Child’s attendance of our School, unless withdrawn earlier.

Consent will also be refreshed where any changes in circumstances occur – this can include, but is not limited to, the following:

- New requirements for consent – i.e. an additional purpose other than described above
- Changes to a Student’s circumstances, e.g. safeguarding requirements mean a Student’s image cannot be used; or
- Any changes in the law

Withdrawal of consent:

Where consent is not provided or has been withdrawn, we will acknowledge receipt of the request in writing by letter or email. The School and NAE can only adopt a “best endeavours approach” to delete any photographs or video footage featuring your Child from our image bank as soon as possible. Your Child will subsequently be recorded on a list to ensure they are not included in any future photographs, video footage or publications.

Please note that in regards to previous publications on social media platforms, NAE can only adopt a “best endeavours approach” to deleting the photos in the event that a Student withdraws his/her consent. Copies of the photo may be made and retained by other social media users. In respect of use of photographs or footage within printed or video media, the existing print run of materials will remain in circulation for a reasonable period following withdrawal, where necessary.

Consent for the purpose of communication and organisation of School`s activities and events

I, the undersigned Parent/Legal Guardian of the Student, hereby expressly give consent to the Súkromná spojená škola British International School Bratislava, with its seat at J. Valaštana Dolinského 1, 841 02 Bratislava (hereinafter only as “the School” or “BISB”) to process and disclose my personal data in the extent of name, surname, email and telephone number for the purpose of communication and organization of

- School activities and events organized for BISB Students by Parents/Legal Guardians/Parent Teacher Association (PTA) (e.g. International day, coffee mornings, bake sales etc.).

(please tick the above box)

I am aware that the provision of this consent is voluntary, is not subject to fulfillment of any contractual obligation and the failure to do so will have no negative consequences for me or Student.

This consent shall be valid for the period of Student’s attendance of our School, unless withdrawn earlier.

I have been informed that I have the right to withdraw my consent in writing at any time by sending a notice of withdrawal of my consent to the Data Protection Officer at pdp@bisb.sk. I am aware that the withdrawal of consent is without prejudice to the lawfulness of the processing of personal data acquired prior the withdrawal of the consent.

This form supplements general Privacy Information Collection Statement (PICS), which is available in full version on our website here <https://www.nordangliaeducation.com/en/our-schools/bratislava/privacy-and-cookie-policy>. I hereby confirm that I was notified of all information specified under Art. 13 and 14 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46 / EC (“**GDPR**”) beforehand, including the rights of data subject.

Parent/Guardian Signature

Date

Information about School Counselling Services

(The provision of psychological services by a school counsellor to students requires an informed consent of parent or legal guardian. Therefore, we kindly ask you to receive and take note of this information.)

The school counsellor operating at the British International School Bratislava, J. Valaštana Dolinského 1 (Pekníkova 6), 841 02 Bratislava, Slovakia (the “School”) is a professional employee who provides professional services according to Section 20 of the Act No. 317/2009 Coll. on Educational Employees and Professional Employees, as amended. Such professional services include psychological screening and assessment, individual and group counselling, prevention and intervention for children and students with focus on the educational process in schools and school related institutions; if needed, the school counsellor also provides psychological counselling in family and other social matters. The school counsellor provides psychological counselling and consultations to parents or guardians and the teaching staff of School and other school related institutions. The school counsellor prepares materials for referrals to other professionals.

Psychological examination of an underaged child / student can be carried out only with the prior written consent of the parent or legal guardian. If the child or student reaches the age of maturity, psychological examination may be performed only with his / her consent. The examination includes also an examination of abilities, personality, interests, knowledge, skills, or other areas influencing social and mental development and learning ability. It may be performed individually or in groups.

Information on examination results: An adult student or parent / legal guardian of an underaged child / student may be informed about the examination results in a personal interview.

Psychological examination can be refused without any legal consequences. The only consequence is that without the examination, the most apt solution for the problems of the child / student cannot be found. This may result in the inability to provide counselling and further advise on professional or study orientation, inclusion of a child /student in a particular type of study, or in the inability to provide a therapeutic or re-educational guidance in order to eliminate or mitigate problems, etc. The advantage of such examination is the possibility to focus on the psychological characteristics of the child / student and the opportunity to identify possible undesirable effects, as well as the proposal for the adoption of measures aimed to solve identified problems, or other educational or educational procedures or professional, study and career orientation.

During the examination diagnostic tools such as psychological or special-educational tests or instrumental methods based on the scientific principles prevailing in psychology, special pedagogy, psycho-diagnostics, methodology and psychometry may be used. If needed, the examination may be complemented by personal or telephone consultations with the teaching staff, doctors and other professionals working with the child / student. If it is required by the child’s / student’s care, a school counsellor can also work with classmates, school staff or the family of the child / student.

The School and the school counsellor are entitled to process personal data on the basis of Education Act in the following extent:

- About the child / student: name and surname, date and place of birth, birth number, state citizenship, nationality, physical health, mental health, mental level including psychological diagnosis results,
- Parents: identification details (name and surname, permanent address, telephone contact, email contact),
- Other personal data acquired during psychological examination about family members, classmates, etc.
- Further documentation pursuant to Section 11 (9) of Act No. 245/2008 Coll. Education Act, as amended, include, in particular: a report from the child / student diagnostic examination (i.e. a report from a psychological, special pedagogical examination) and a written statement on school inclusion.

All personal data / data acquired by the school counsellor are considered strictly confidential. Without the written consent given by the parent / legal guardian of the child / student, personal data mentioned above will not be provided to other persons or third party, unless allowed by law.

We may obtain personal data directly from the child / student, school staff, parents / legal guardians, doctors, other institutions, etc. depending on the type of provided psychological services.

If you have any questions or comments about your consent or data protection, please call +421 421269307081, use our e-mail address pdp@bisb.sk or write us at the above address.

1 pursuant to Section 11 (6) of the Act No. 245/2008 Coll. Education Act, as amended

School Counseling Informed Consent with Individual/ Group Psychological Examination of the Student

I have read the above information and hereby agree with the psychological and subsequent counseling (initial assessment, observation, prevention, intervention, individual and group counselling, crisis intervention, referrals) of the child / student to whom I am a legal representative within the meaning of Act No. 245/2008 Coll. Education Act (“Education Act”), provided by School and school counsellor. I have read, understood, and agree to the terms of the school counselling services and I was duly instructed on all related consequences. This consent is given under Section 2 letter y) of Education Act.

By signing this form, I (parent / legal guardian) also confirm that I have been informed about the School’s use of personal data as set out in Privacy Information Collection Statement (PICS) and this document in which the School provides me with the information required under Art. 13 and 14 GDPR and this informed consent. I hereby acknowledge that I am aware of the processing of personal data of the child / student I am responsible for is necessary in order to fulfil existing legal obligations of School in line with Art. 6 (1) (c) of GDPR together with Section 11 (6), Section 131 and 135 of the Education Act. Personal data shall be processed for the purposes of provision of school counselling services. School documentation shall be kept for 20 years.

This consent shall be valid for the period of Student’s attendance of our School, unless withdrawn earlier.

I have been informed that I have the right to withdraw my consent in writing at any time by sending a notice of withdrawal of my consent to the Data Protection Officer at pdp@bisb.sk. I am aware that the withdrawal of consent is without prejudice to the lawfulness of the processing of personal data acquired prior the withdrawal of the consent.

This form supplements general Privacy Information Collection Statement (PICS), which is available on our website <https://www.nordangliaeducation.com/en/our-schools/bratislava/privacy-and-cookie-policy>. I hereby confirm that I was notified of all information specified under Art. 13 and 14 GDPR beforehand, including the rights of data subject.

Parent/Guardian Signature

Date



THE BRITISH INTERNATIONAL SCHOOL
BRATISLAVA

A NORD ANGLIA EDUCATION SCHOOL

Contact us

The British International School Bratislava
J. Valaštana Dolinského 1 (Pekníkova 6)
841 02 Bratislava, Slovakia

Telephone

T: +421 2 6930 7081

Email

office@bisb.sk

School website

www.bisb.sk