



TRANSFER FORM (To be completed by student's current school, not parents)

To assist the smooth transition of this student to BISB, we would appreciate it if you could complete this reference form. All information will be treated as confidential.

Please email the completed form directly to the Admissions Officer admissions@bisb.hu or post to BISB, Kiscelli köz 17, 1037 Budapest, Hungary. Many thanks for your co-operation.

PERSONAL			
Surname:		First Name:	
Class/ Year Group:		Nationality:	
Home Language/ Mother Tongue:		Other Languages:	
Level of English if not Mother Tongue:	<input type="checkbox"/> Just beginning <input type="checkbox"/> Gaining Confidence <input type="checkbox"/> Confident <input type="checkbox"/> Fluent		
Information which may be helpful on any physical, social, emotional or family circumstances:			
Level of parental support/ contribution to the school community:			
EDUCATION			
Length of time attended current School:		Attendance record:	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
How would you describe the pupil's level of independence & organizational skills?			
How would you describe the pupils' personal relationships and social interactions?			
In what activities has the pupil been involved, shown talent or interest?			

Has the pupil been in disciplinary trouble? If so, please outline	
Previous EAL Support:	
Previous Learning Support:	
Languages Studied & Level:	

SECONDARY INFORMATION

(For Students aged 11 - 18)

Subjects Studied	Exam Board/ Syllabus	Number of Years Studied
Examination qualifications already achieved:		

Additional Comments from Class Teacher/ Form or Home room tutor: (achievements, strengths, weaknesses, potential etc)	
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Name, Address and contact numbers of School:		Name & Email of Contact Teacher:	
Principal's Signature:		Date:	