



International British School of Bucharest
21-25 Agricultori Street, District 2, Bucharest
4021.253.16.98; Fax: +4021.253.16.97
www.ibsb.ro ; office@ibsb.ro

Reg. No. _____

Date of Admission: _____

Year Group: _____

Remarks:

REGISTRATION FORM

PHOTO

PHOTO

Child: First Name: _____ Family Name: _____
[Block letters]

Date of Birth: day _____ month _____ year _____ Place of Birth: _____

Nationality: _____ Gender [M/F] _____

Language [s] spoken at home: _____

Home Address: _____

Special Remarks: [anything that can be of importance to the teacher such as certain health conditions, allergies, habits, food requests, experienced any learning difficulties at school, physical disabilities etc.]

Previous School attended, most recent first:

Name of School Country Years/Grades completed

IN CASE OF EMERGENCY Contact Name: _____

Family Doctor/Hospital: _____ Phone: _____
Parents are responsible for their child's medical insurance for school and non-school coverage

Verification of age is required by presenting copy of a passport or birth certificate. Students are placed in class according to age, assessments or previous school evidence. The decision on the child's designated class will rest with the School Principal and occasionally, in specific cases, with the Executive Director.

Parent's Signature: _____

Date: _____





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Parents / Guardian Information

Father's first name: _____

Mother's first name: _____

Father's last name: _____

Mother's last name: _____

Nationality: _____

Nationality: _____

Business company name and address: _____

Business company name and address: _____

Business phone _____

Business phone _____

Business fax _____

Business fax _____

Mobile phone _____

Mobile phone _____

Home phone _____

Home phone _____

E-mail: _____

E-mail _____

Business position _____

Business position _____

Permissions

First Aid

In the event that I can not be reached in an emergency, I **give / give not** permission to the school to secure treatment for my child [the applicant].

Field Trips

I **give / give not** permission for my child [the applicant] to participate in school trips. I also **give / give not** permission to the staff and chaperones to provide required medical assistance needed at school or on a field trip.

Student photographs

I **give / give not** permission to IBSB to use my child photographs (the applicant) for marketing purpose without any compensation (*such photographs may appear in brochures, leaflets, newspaper, magazines, displays, slide shows, website or other promotional materials*)

Student Directory

I **agree / do not agree** my child's name, address, and contact numbers to be included in the Student Directory.

Parent's name: _____

[Block letters]

Parent's signature _____

Date _____

