



Reg. No. _____

Date of Admission: _____

Year Group: _____

Remarks: _____

21-25 Agricultori Street, District 2, Bucharest-Romania Tel: +4021.253.16.98; Fax: +4021.253.16.97 www.ibsb.ro; office@ibsb.ro

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 a 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 position: _____

Business position: _____

Business phone: _____

Business phone: _____

Business fax: _____

Business fax: _____

Mobile phone: _____

Mobile phone: _____

Home phone: _____

Home phone: _____

E-mail: _____

E-mail: _____

Permission

First Aid

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

Field Trips

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

Student photographs

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

Student Directory

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

Parent's name: _____

[Block letters]

Parent's signature: _____

Date: _____