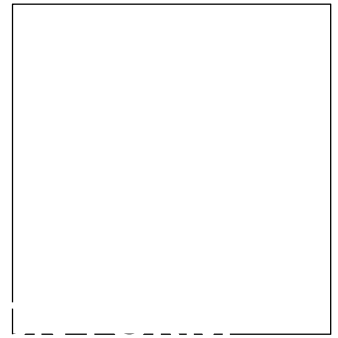


BRITISH SCHOOL OF MADAGASCAR



Reserved for Office Use:

Student Number: _____

PUPIL INFORMATION:

Please enter the year for which your child is applying: _____

Expected date of entry into BSM: ____/____/____
Month / day / year

Family Name _____ First Name _____ Middle Name _____ Nick Name _____

Date of Birth ____/____/____ Age: ____ Citizenship: _____ Sex: M / F _____
DD / MM / YY

Place of Birth _____ First Language _____ Language(s) Spoken at Home _____

Other Languages Spoken _____ Emergency Contact Person and relationship to pupil _____ Emergency Contact Number _____

Schools Attended: Please begin with present school

Year(s)	School Name	Location (city/country)	Language Instruction	of	Dates Attended Month and year

1. Has your child ever taken English as a Second Language classes? YES _____ NO _____

2. If "Yes," for how many years? _____

3. Does your child have any special learning needs? YES _____ NO _____

4. Has your child ever received any specialized learning instruction? (Speech therapy, remedial reading support, special education)? YES _____ NO _____

5. Has your child ever been suspended or expelled for disciplinary reasons? YES _____ NO _____

If you answered "yes" to # 3, 4 or 5, please describe and attach any relevant information: _____

PARENTS' INFORMATION: (Please attach a business card with your firm or foundation's name.)

Parents' Local Address: _____

Residential Telephone Number

Email Address

Father's Last Name

First Name

Citizenship

Company Name: _____

Position: _____

Address: _____

Office Telephone Number

Cell Number

Email Address

Mother's Last Name

First Name

Citizenship

Company Name: _____ Position: _____

Address: _____

Office Telephone Number

Cell Number

Email Address

Diet:

Details of any food allergies or dietary restrictions: _____

AGREEMENT:

The parent's or guardian's signature below constitutes agreement with the following:

1. The parent or guardian and children admitted will abide by the school's established policies and procedures.
2. The parent or guardian understands that classes take field trips to take advantage of the cultural and environmental resources of Madagascar as part of the regular educational program. All school trips will be supervised by staff members and/or other responsible adults who will exercise all reasonable caution. However, the parent or guardian agrees that the school and/or the School Board cannot accept any liability for accidents either en-route or at the activity or outing itself. In all cases, parent permission is needed for each field trip.
3. The parent or guardian understands and agrees that EFL, academic and/or diagnostic testing may be administered to the child to plan or enhance his/her educational program once he/she is registered or enrolled. The parent or guardian also understands the results of these evaluations may require the pupil to repeat the grade that he/she has just completed in their previous school. Tutoring fees and testing fees are additional costs paid by the parent or guardian.
4. The parent or guardian agrees to pay all fees and tuition according to BSM policy.

Signature of Parent or Guardian

Date

MEDICAL QUESTIONNAIRE

Pupil's Name: _____
Family Name First Name

Antananarivo Home Telephone: _____ Date of Birth _____

Antananarivo Home Address: _____

Father's Name: _____ Business Telephone: _____

Mother's Name: _____ Business Telephone: _____

Person to notify in an emergency if parents cannot be contacted:

Name: _____ Telephone: _____

Address: _____

Family Doctor: _____ Telephone: _____

Family Doctor (in Tana): _____ Telephone: _____

- If you do not have a local Doctor, please ask the BSM for recommendations.

Emergency contact in your home country: _____

Telephone: _____ Fax: _____

Please circle the preferred hospital or clinic to which we can transport your child in the event of an emergency. If you do not suggest a hospital, the BSM usually uses the Clinique Medical Adventist or Clinique Du Village des Jeux:

Polyclinic d'Ilafy - Clinique Medical Adventist - Clinique Du Village des Jeux

Other: _____

1. Please describe any medical condition or history of your child that the BSM should be aware of, i.e. epilepsy, diabetes, asthma, allergies, and bee stings. _____

2. Does your child take any medication (oral or injected) on a regular basis for any of the above? If so, please give full details.

HEALTH AND IMMUNIZATION HISTORY

Please answer the following questions regarding the health history of your child.

Pupil health history

Check “Yes” if your child has had any of the listed medical conditions below; “No” if not.

	YES	NO	Date		YES	NO	Date
Allergies/Reaction				Measles (Rubella 10 day)			
Anaemia				Mumps			
Appendectomy				Operations			
Asthma				Poliomyelitis			
Bone Fractures				Rheumatic Fever			
Chicken Pox				Rubella (German Measles)			
Ear Infections				Scarlet Fever			
Eczema				Tonsillectomy			
Epilepsy				Tuberculosis			
Glandular Fever				Whooping Cough			
Heart Disease				Other:			
Special Food Considerations:							

Please attach a photocopy of the pupil’s vaccination certificate.

MEDICAL-SURGICAL CONSENT FORM

Dear Parent(s),

We recommend that you sign this form, which will remain in your child's record and only be used in case of an emergency during school hours or during a field trip. Please rest assured that we will contact you, or your designated guardian immediately should there ever be an accident. However, allowing for delays in locating you, plus time of transport to the BSM and consequently continuation to a hospital, it might be necessary to take your child directly to a hospital. The absence of this authorization might complicate and delay treatment of the child.

I, (name) _____, hereby consent to
emergency medical care (including diagnostic tests and surgery) deemed necessary for
my child, (name) _____.

During my absence, or if I am unavailable to give consent for further proceedings, I assign
(name) _____ as guardian of my
child.

Signature of Parent (mother) _____

Signature of Parent (father) _____

Signature of Guardian: _____

Date: _____

PARENTAL CONSENT FORM FOR USE OF IMAGES OF CHILDREN

I, _____ the parent/guardian of:

(Pupil's full name) _____ hereby give permission to British School of Madagascar to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my child named above, taken by any staff member or appointed representative and may be used for advertisements, marketing, leaflets, social media, or any other use such as for training, educational or publicity purposes.

The above consents will apply until such time as my child leaves the British School of Madagascar.

Signed _____

Date _____

Home & School Safeguarding Agreement

I/ We _____ (parent/ guardian's name) as the parents/ guardian of _____ (pupil name) have read and agree to the British School of Madagascar's School and Parents' Safe Guarding Agreement. I/ We agree to complete the British School Home Incident Proforma should any physical or emotional incidents occur in the home or should the form be requested by the school and I/agree to keep the school fully up to date with any incidents which may affect my child's emotional or physical wellbeing.

Date: _____

Signature: _____