

# APPLICATION BOOKLET



Please complete this booklet clearly in CAPITAL letters. Families enrolling more than one child should complete an Application Booklet for each child separately. For second and subsequent applications it is not necessary to complete sections marked \* Please enter the name and date of birth of siblings in section 9 of this form.

## SECTION 1 – STUDENT PERSONAL DATA

Surname _____	First names _____	
Preferred name _____	Date of Birth _____	Birthplace _____
Nationality _____	Religion _____	First Language _____
Country of residence _____	Birth no. (Czech national) _____	Male/Female _____

Expected date of entry to the school _____	Expected length of stay in Prague _____
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Year Group / Class (if known)	School Site	If Foundation Stage 1, please tick <input checked="" type="checkbox"/> days: am/pm				
		Monday am    pm	Tuesday am    pm	Wednesday am    pm	Thursday am    pm	Friday am    pm
	Kamýk <input type="checkbox"/>					
	Vlastina <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## SECTION 2 – STUDENT CONTACT DETAILS\*

Home address in Czech Republic:		
Street _____	House No. _____	Town _____
District _____	Post Code _____	Telephone no. _____
Contact address (if different from home address):		
Street _____	House No. _____	Town _____
District _____	Post Code _____	Telephone no. _____

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### SECTION 3 – PREVIOUS EDUCATION AND FURTHER INFORMATION

Name of current school \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Head of school \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone number \_\_\_\_\_ Type of Curriculum \_\_\_\_\_

What does your child excel in (ie. musical instrument, sports) \_\_\_\_\_

\_\_\_\_\_

I understand that PBS will contact my child's previous school for further information about my child Yes

### SECTION 4 – LANGUAGE

#### ENGLISH AS A FIRST LANGUAGE (NATIVE SPEAKERS)

What other languages does your child listen to on a regular basis? \_\_\_\_\_

What other languages can your child communicate in? \_\_\_\_\_

#### ENGLISH AS AN ADDITIONAL LANGUAGE (EAL)

Please complete this section if you and your family usually speak a language other than English. This will help us to make an initial assessment of the extra help your child may require.

Please describe your child's current level of English: (please tick as appropriate )

new to English (first time using English in school)

familiar with English (has already followed a beginner's course)

a confident user of English (has been taught in English for more than two years)

a fluent user of English (has always used English in school without extra support)

Can your child write in English?

Yes  No  with help  independently

Can your child read in English?

Yes  No  with help  independently

What other languages are spoken at home? \_\_\_\_\_

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## SECTION 5 – MEDICAL DETAILS TO BE COMPLETED BY PARENTS

Please tick the box if your child has any problems with the following that could impact on your child's education:

Vision	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Speech and Language	<input type="checkbox"/>	Behavioural	<input type="checkbox"/>	Kidney	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>
Heart	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Bowel	<input type="checkbox"/>	Other _____	

Please indicate if your child has any allergies to:

Food	<input type="checkbox"/>	Medicines	<input type="checkbox"/>	Other _____
If you have ticked any of the above, please provide further details: _____				
Please describe application of the medication in case of necessity: _____				

Has your child had any of the following illnesses?

Chicken Pox	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Chronic or frequent ear	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Infections	
Hepatitis A or B	<input type="checkbox"/>	Measles	<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Chronic or frequent tonsillitis	<input type="checkbox"/>	Other (Specify): _____	

Provide details if your child:

<input type="checkbox"/>	is under hospital / medical supervision _____
<input type="checkbox"/>	has had any serious illnesses or operations _____
<input type="checkbox"/>	requires daily medication _____
Please give the name, address and telephone of your present doctor _____	
_____	
Emergency contact person _____	Telephone _____

Provide details if your child:

<input type="checkbox"/>	is under hospital / medical supervision _____
<input type="checkbox"/>	has had any serious illnesses or operations _____
<input type="checkbox"/>	requires daily medication _____
Please give the name, address and telephone of your present doctor _____	
_____	
Emergency contact person _____	Telephone _____

Should my child sustain an injury while in attendance at PBS, Head of school and/or other members of the school staff have my permission to request medical assistance from the emergency section of the Children's Emergency Hospital. This will only be done after the school has tried all possible ways to reach me or the designated emergency person. I understand that the school will take necessary precautions to ensure the safety of my child, but that they can in no way be held responsible for any injury my child may incur while attending PBS.

## TO BE COMPLETED BY A DOCTOR\*\*

Child's name: _____							
TBC (BCG or Monrad/Mantoux test)	Date: _____	Diphtheria	Date: _____	Polio	Date: _____	Meningitis C	Date: _____
Pertussis (whooping cough)	Date: _____	Tetanus	Date: _____	Hepatitis B	Date: _____	MMR (measles, mumps, rubella)	Date: _____
Doctor's name and address: _____							
Date completed: _____				Signature and stamp			

\*\*If you provide the school with a stamped medical certificate from a doctor it is not necessary to complete this section.

## SECTION 6 – SPECIAL EDUCATIONAL NEEDS

In order for us to make the most appropriate placement for children we require the following information:

Has any aspect of your child's development ever given cause for concern? Yes / No

Has your child's behaviour and / or emotional / social development ever given cause for serious concern? Yes / No

Has your child any special learning needs? Yes / No If yes, please specify: \_\_\_\_\_

Has your child received extra support in a previous school? Yes / No If yes, at what age? \_\_\_\_\_

Has your child ever received: Psychological assessment? Yes / No If yes, at what age? \_\_\_\_\_

Physiotherapy? Yes / No If yes, at what age? \_\_\_\_\_

Occupational therapy? Yes / No If yes, at what age? \_\_\_\_\_

Speech and language therapy? Yes / No If yes, at what age? \_\_\_\_\_

Please include copies of any relevant reports or attach details if no reports are available.

## SECTION 7 – PARENTAL DETAILS \*

Mother / Guardian \_\_\_\_\_ Father / Guardian \_\_\_\_\_

(if guardian please state relationship) \_\_\_\_\_ (if guardian please state relationship) \_\_\_\_\_

Surname \_\_\_\_\_ Surname \_\_\_\_\_

First name \_\_\_\_\_ First name \_\_\_\_\_

Nationality \_\_\_\_\_ Nationality \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

Work telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

E-mail\* \_\_\_\_\_ E-mail\* \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Company name \_\_\_\_\_ Company name \_\_\_\_\_

Company address \_\_\_\_\_ Company address \_\_\_\_\_

Where did you hear about The Prague British School? (Please tick as appropriate)

Advertisement

Your company

A listing in a school's directory

Internet

Friend or colleague

Other

Why did you choose the The Prague British School? \_\_\_\_\_

\* You will receive regular school information by e-mail.

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Prague British School, s.r.o., K Lesu 558/2, 142 00 Praha 4  
zapsaná v rejstříku vedeného u Městského soudu v Praze, odd.C., vložka 121766  
tel.+420 226 096 200, e-mail: info@pbschool.cz, www.pbschool.cz

## SECTION 8 – PAYMENT\*

### METHODS OF PAYMENT FOR THE TUITION FEES

Parents may choose to pay on a termly basis or take advantage of the discounted annual academic fee.

Please note that fees for students starting during the academic year will be charged on a pro rata basis.

Parents who wish to pay **termly** should pay in **3 instalments (by 1st June, 1st December and 1st March)**.

Detailed list of school fees for each year group is attached.

Period of payment (please tick ):

**yearly**

See the discounted annual fee in the price list.

Only if paid for the whole year in advance **by 1st June**

**termly**

See the price list for termly instalments.

Payable in 3 instalments **on 1st June, 1st December, 1st March**

**Sibling discounts** are offered for families paying yearly with more than one child simultaneously attending PBS / CBZS

Invoices are issued in electronic form only and sent by email (in accordance with law 235/2004 Sb. on VAT, § 26 par. 4)

## INVOICING DETAILS

Name and address requested on the invoice:

\_\_\_\_\_

\_\_\_\_\_

Name and e-mail address where the invoice should be sent :

\_\_\_\_\_

\_\_\_\_\_

If the invoice will be paid by your employer please ask the representative of the company to complete the following:

IČO (Company Registration No.): \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

DIČ (V.A.T. Registration no.): \_\_\_\_\_

Her / his tel. number: \_\_\_\_\_

E-mail: \_\_\_\_\_

The above company will pay (please tick ):

application fee

examination fee (only applies to students in Years 6-13)

Premium Gold 100 000 CZK

tuition fee

language courses (optional)

Premium Silver 80 000 CZK

school transport fee (optional)

book deposit (Only applies to students in Years 7-13. This deposit is fully refundable)

Premium Bronze 60 000 CZK

As representative of the above company I confirm that the company shall duly pay the price for the relevant Key Stage / year group in accordance with the payment terms and conditions set out in this application form. Notification of any changes will be made in writing in accordance with these terms and conditions.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp and signature

## PAYMENT TERMS AND CONDITIONS

- **Payment of tuition fees is due and payable by the date stated on the invoice.**
- Invoices are sent to the e-mail address indicated in this form.
- Payment may be made at our bank – **Sberbank CZ, a.s., Na Pankráci 1724/129, Praha 4** or other bank branches, account no: 4200116786/6800, IBAN: CZ82 6800 0000 0042 0011 6786, SWIFT CODE: **VBOECZ2X**.
- Invoices are payable net of any bank charges.
- Payment can be made by bank transfer only. We do not accept cash payments.
- The Admissions office must be informed in writing of any changes that will affect the invoice, **at least 3 weeks** before the date of issue.
- **Reminders are sent if payment is not received within the required deadlines. In case of late payment, the school is entitled to charge a penalty in accordance with Czech law. No documents, certificates or reports will be issued unless all outstanding invoices are paid.**
- Failure to make payment within the required deadline may result in suspension of the pupil. In the event of any payment being delayed for more than four weeks the school may not be in a position to offer a place.
- The application fee is **non-refundable** unless the school is unable to provide a place for the pupil.
- Pupils will be allowed to enter the school only on receipt of the application and tuition fees.
- Tuition fees for mid-year enrolment are pro-rata, based on the total weeks remaining in the academic year.
- **The school requires one full term's notice of withdrawal in writing or full term's fees will be charged.**
- There is no refund for absence, withdrawal or dismissal.

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tel.+420 226 096 200, e-mail: info@pbschool.cz, www.pbschool.cz

## SECTION 9 – SIBLINGS (either at or applying to PBS)

Name	Date of birth	School	Year Group / Class

### APPLICATION PROCESS

Please enclose the following with this application:

- Passport copy/scan
- Most recent school reports (translated into English)
- Copy/scan of your child's immunisation record from your doctor OR medical details (SECTION 5) confirmed by your doctor
- Passport sized photograph sent electronically.
- Contact details of previous school for reference.

Incomplete forms, or omission of any of the accompanying documents may result in delay in the application process – any changes to the information on this application should be communicated to the Admission Office immediately.

### DATA PROTECTION

I hereby agree that PBS may process and keep all personal data of mine and my child included in this application form and/or communicated during the schooling of my child at PBS, including sensitive personal data, in the scope necessary for providing education to my child and fulfilling all regulatory and contract duties of PBS related to the education of my child. I give my consent that PBS may, should this be necessary for providing education to my child (e.g. access to on-line educational programmes or study materials), pass the personal data in necessary scope to other data administrators.

I hereby agree that PBS may process and keep all necessary information about the medical state of my child in order to be fully aware of any potential problems which may arise in connection with his/her health.

Furthermore, I agree that PBS may process and keep information about the nationality and religion of my child in order to evaluate from which cultural background the child comes, so as to offer him/her the most suitable study conditions.

In this connection I also hereby agree that PBS may keep the above mentioned information about medical conditions, nationality and religion until my child leaves PBS.

Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### DECLARATION

By signing this document I confirm that I am aware of the school fees price list currently valid for each Key Stage / year group. I shall duly pay the price for relevant Key Stage/year group in accordance with the payment terms and conditions set in this payment form (unless being paid by employer as stated in section 8).

I declare that the information given on this application form is correct and understand that incorrect or incomplete information could result in the offer of a place being withdrawn.

I also understand that, in accordance with the PBS's Admissions Policy, parental selection of classes is not possible – decisions regarding the placement of all applicants rest with the school.

I confirm that I have read, understand and accept the terms of all PBS policies published on [www.pbschool.cz](http://www.pbschool.cz).

Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Administrative use only							
Registered	<input type="checkbox"/>	WL	<input type="checkbox"/>	ID	<input type="checkbox"/>	Pack	<input type="checkbox"/>
Prospective	<input type="checkbox"/>	Invoice	<input type="checkbox"/>	My PBS	<input type="checkbox"/>		<input type="checkbox"/>
Currents	<input type="checkbox"/>	EA	<input type="checkbox"/>	House	<input type="checkbox"/>		<input type="checkbox"/>

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