



OSNOVNA ŠOLA DANILE KUMAR
DANILO KUMAR INTERNATIONAL SCHOOL
Gogalova ulica street 15, Ljubljana, Slovenia
(hereinafter referred to as: "OŠ Danile Kumar" or
"the School")



APPLICATION FORM

for the IB International programme
(hereinafter referred to as: "the Programme")

STUDENT

| | |
|---------------------|-------------------------------------------------------------|
| Family Name | |
| First Name(s) | |
| Name Used | |
| Gender | F/M |
| Date of Birth | Day: Month: Year: |
| Place of Birth | |
| Nationality (-ies) | |
| Address in Slovenia | |
| Permanent Address | |
| EMŠO | |

(hereinafter referred to as "the Student")

FATHER of the Student

| | |
|---------------------|--|
| Family Name | |
| First Name(s) | |
| Private Address | |
| Private Tel. No. | |
| Occupation | |
| Business Address | |
| Business Tel. No. | |
| Address for Service | |

MOTHER of the Student

| | |
|---------------------|--|
| Family Name | |
| First Name(s) | |
| Private Address | |
| Private Tel. No. | |
| Occupation | |
| Business Address | |
| Business Tel. No. | |
| Address for Service | |

(Father and mother hereinafter together referred to as "the Parents")

GUARDIAN of the student

| | |
|----------------------------|--|
| Family Name | |
| First Name(s) | |
| Private Address | |
| Private Tel. No. | |
| Occupation | |
| Business Address | |
| Business Tel. No. | |
| Basis for the Guardianship | |
| Address for Service | |

E-mail address to send newsletter to: _____

FAMILY BACKGROUND (if yes, please explain)

| | |
|-------------------------------------------------|------------------------------------------------------------------|
| Are the parents living apart but not separated? | |
| Are the parents separated? | |
| Divorced? | |
| Who has custody of the child? | |
| Other relevant information | |
| Child's position in the family | Only child 1st child 2nd child 3rd child child |
| Other children - Names and Ages | |

PREVIOUS EDUCATION

SCHOOLS ATTENDED

| Name of School | City / Country | From / To (Month, Year) | Grade | Report available |
|----------------|----------------|-------------------------|-------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

COPIES OF THE MOST RECENT SCHOOL REPORTS TRANSLATED INTO ENGLISH IF NECESSARY MUST BE PROVIDED

List your child's strengths:

List any areas of concern/weaknesses:

Are you aware of any specific learning support that your child will need?

Did a licensed educational psychologist psycho-educationally assess your child within the previous two years?

LANGUAGE PROFILE

Child's mother tongue / main language: _____

Other languages spoken: _____

Mother's main language: _____

Does the mother speak English? Yes No

Father's main language: _____

Does the father speak English? Yes No

Guardian's main language: _____

Does the guardian speak English? Yes No

For PYP 5 and MYP 1 - MYP 3 only: We decided that my child will attend **FRENCH / GERMAN / SPANISH** lessons (if your child's mother tongue is one of the mentioned languages, you have to choose the one that is not the child's mother tongue).

MEALS (not applicable for the kindergarten programme)

The student will require:

- Standard snack
- Vegetarian snack
- Standard hot lunch
- Vegetarian hot lunch
- Afternoon standard snack
- Afternoon vegetarian snack

Allergies: _____

Diets: _____

AFTERNOON PROGRAMME (PYP students, not applicable for the kindergarten students)

I would like / would not like to include my child in afternoon care till 4:10 p.m.

MEDICAL INFORMATION

Does the student have any medical condition? (If yes, please give details)

IMPORTANT EMERGENCY INFORMATION

In case of illness or emergency, where a parent or responsible adult can be reached?

Name: _____ Tel: _____

Name: _____ Tel: _____

OTHER INFORMATION

Do you have any special skills/talents, which you would like to share with the students?

The school fee will be paid:

- in one instalment
- in two instalments
- in ten instalments

The school fees, enrolment fees and other services/costs regarding the Programme will be paid by

(Parents/Mother/Father/Guardian of the Student) or

(Company/Embassy (please state full details of the Company/Embassy)).

With my signature:

- I confirm that I am aware that Danila Kumar International School is a Slovenian state school running the International Baccalaureate programmes. I was informed about the philosophy of the programmes, daily schedule, school rules, communication and reporting.
- I guarantee that all data given is authentic, and I will immediately inform the School if there are any changes.
- I agree that the School may use this recorded data to provide appropriate help to my child.

- I agree that my child takes part in all necessary assessment activities and testing for school purposes.

In connection with this Application and for the purpose of payment of the school and other fees as well as other costs/services regarding the Programme, the undersigned Parents further:

- allow the School to keep a record of data regarding my (i) permanent or temporary residence and (ii) phone number and allow their processing for the purposes of the implementation of the Agreement on payment of school fees and other services, which will be concluded based on this Application
- commit to the School to promptly communicate any change of my permanent or temporary residence and other personal details stated in this Application.

Please select one:

- I confirm that my child is not a citizen of Slovenia.
- I confirm that my child has special permission from the headmistress of Danila Kumar International School to be enrolled in this school.

Date:

Signature of parent(s) or guardian:
