



## **BUDAPEST BRITISH** INTERNATIONAL ACADEMY

# APPLICATION FORM

Please complete in BLOCK CAPITALS after reading the application annex.  
Please use one application form for each child

### PLEASE SEND APPLICATION FORMS TO:

1036 Budapest, Árpád fejedelem útja 79, or by e-mail to: [office@bbiacademy.net](mailto:office@bbiacademy.net)

ADDRESS

1036 Budapest,  
Árpád fejedelem útja 79

TELEPHONE

+36 30 563 5528 or  
+36 70 383 6677

EMAIL

[office@bbiacademy.net](mailto:office@bbiacademy.net)



Budapest British International Academy  
**Application Form**

## PERSONAL INFORMATION

Please complete in **BLOCK CAPITALS**  
Please use one application form for each child

Applications can be accepted by the Admissions Office with a copy of the following documents:

- Child's passport and visa
- Most recent school reports
  - Vaccination booklet

Please return to the Communications manager



## INTRODUCTION

We encourage all parents wishing to apply to the school to make an appointment with our **Admissions Officer**. This will give you the opportunity to meet with us and discuss at length the future educational needs of your children and how we can best meet those needs. If possible, we would like it if your child could accompany you on this first visit.

We reserve the right to exercise discretion on age entry criteria. It is helpful if children joining us from another school can provide the most recent reports from their current school.



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## CHILD'S DETAILS

<b>First Name:</b>	<input type="text"/>	<b>Surname:</b>	<input type="text"/>
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<b>Preferred Name:</b>	<input type="text"/>	<b>Gender:</b>	<input type="text"/>
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<b>Nationality:</b>	<input type="text"/>	<b>Date of Birth:</b>	<input type="text"/>
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<b>Place of Birth:</b>	<b>City:</b>	<input type="text"/>	<b>Country:</b>	<input type="text"/>
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<b>Native Language:</b>	<input type="text"/>	<b>Current Year Level:</b>	<input type="text"/>
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<b>Other languages spoken:</b>	<input type="text"/>
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<b>Languages spoken by Parents/Guardians:</b>	<input type="text"/>
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<b>ID/Passport number</b>	<input type="text"/>	<b>TAJ number/ Social Security number</b>	<input type="text"/>
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<b>Student's current home address (Please inform us of any changes as they occur):</b>
<input type="text"/>

<b>Who lives at this address (place an X or write it out where explanation is needed)?</b>
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<b>Mother:</b>	<input type="checkbox"/>	<b>Father:</b>	<input type="checkbox"/>	<b>Both:</b>	<input type="checkbox"/>	<b>Guardian/Other:</b>	<input type="text"/>
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<b>Home Telephone:</b>	<input type="text"/>	<b>Mobile Number:</b>	<input type="text"/>
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<b>Emergency contact name and numbers (other than parents/guardians):</b>
<input type="text"/>

<b>REQUESTED DATE OF ENTRY INTO SCHOOL:</b>	<input type="text"/>
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## ACADEMIC INFORMATION

(Please add any further information you think might be helpful on separate pages)

### PREVIOUS SCHOOLS ATTENDED (STARTING FROM MOST RECENT):

1.	School's name:	
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From:		To:	
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Contact name:	
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Address:	
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Phone number:		E-mail:	
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Please tick the level of English proficiency best suited to your child (place an X):

Beginner:	<input type="checkbox"/>	Intermediate:	<input type="checkbox"/>	Advanced:	<input type="checkbox"/>	Proficient:	<input type="checkbox"/>
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Number of years of tuition in English (if applicable):	
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### HOW WOULD YOU BEST DESCRIBE YOUR CHILD IN THE FOLLOWING AREAS?

Independence and organisational skills (place an X where appropriate):

Excellent:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Satisfactory:	<input type="checkbox"/>	Needs support:	<input type="checkbox"/>
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Personal relationships and social interactions (place an X where appropriate):

Excellent:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Satisfactory:	<input type="checkbox"/>	Needs support:	<input type="checkbox"/>
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General academic standards (place an X where appropriate):

Excellent:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Satisfactory:	<input type="checkbox"/>	Needs support:	<input type="checkbox"/>
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**In what activities has your child shown special interest or talent?**

**Does your child have any areas of exceptional ability?**

**HAS YOUR CHILD EVER BEEN CLASSED AS HAVING ANY OF THE BELOW  
(PLACE AN X WHERE APPROPRIATE):**

Learning disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attention deficit disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Behavioural problem	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physical problem	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**DETAILS OF PARENTS / LEGAL GUARDIANS**

(Please complete in full)

**FATHER'S DETAILS:**

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Occupation:	<input type="text"/>	Employer:	<input type="text"/>
Work address:	<input type="text"/>		
Telephone number:	<input type="text"/>		
E-mail address:	<input type="text"/>		



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**MOTHER'S DETAILS:**

<b>First Name:</b>	<input type="text"/>	<b>Surname:</b>	<input type="text"/>
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<b>Occupation:</b>	<input type="text"/>	<b>Employer:</b>	<input type="text"/>
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<b>Work address:</b>	<input type="text"/>
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<b>Telephone number:</b>	<input type="text"/>
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<b>E-mail address:</b>	<input type="text"/>
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**CONTACT DETAILS:**

Please tick whom we should email for initial school correspondence (place an X):

<b>Mother:</b>	<input type="checkbox"/>	<b>Father:</b>	<input type="checkbox"/>	<b>Both:</b>	<input type="checkbox"/>
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I agree to our phone and email contact details being published to the school's phone book and class list:	<input type="checkbox"/>
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Is the person making the application the parent or legal guardian (place an x where appropriate):

<b>Parent:</b>	<input type="checkbox"/>	<b>Legal guardian:</b>	<input type="checkbox"/>
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If none of the above, what is your relationship to the applicant:

<input type="text"/>
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**SCHOOL FEES**

**RESPONSIBLE FOR SCHOOL TUITION AND FEES (PLACE AN X WHERE APPROPRIATE):**

<b>Company:</b>	<input type="checkbox"/>	<b>Parents:</b>	<input type="checkbox"/>
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**METHOD OF PAYMENT (PLACE AN X WHERE APPROPRIATE):**

<b>Bank transfer:</b>	<input type="checkbox"/>	<b>Cash:</b>	<input type="checkbox"/>
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**SCHOOL FEES PAID (PLACE AN X WHERE APPROPRIATE):**

<b>Annually:</b>	<input type="checkbox"/>	<b>Termly:</b>	<input type="checkbox"/>
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**BILLING INFORMATION FOR SCHOOL FEES**

<b>Organisation for billing:</b>	<input type="text"/>
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<b>Accounts/Invoices to the attention of:</b>	<input type="text"/>
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<b>Contact name:</b>	<input type="text"/>
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<b>Telephone:</b>	<input type="text"/>	<b>E-mail address:</b>	<input type="text"/>
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<b>Billing address:</b>
<input type="text"/>

**MEDICAL RECORD & AUTHORISATION**

(Present health)

**DOES YOUR CHILD NEED/HAVE:**

<b>Regular medical attention:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>Regular medication:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>Eyesight problems:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>Hearing problems:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>Asthma/respiratory problems:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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Diabetes:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hay fever:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes to any of the above questions, please provide details:

Known allergies – Please provide details if your child has any allergy:

Does your child have any special dietary requirements?

**VACCINATIONS BOOKLET REQUIRED!**

Please provide details if your child has had any surgical procedures.



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## AUTHORISATION

I/We understand that whilst the School will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore, I/we authorise the School to seek medical advice and treatment for our child if the School believes there to be an emergency and I/we hereby undertake to pay all costs incurred by the School.

I/We also hereby authorise/do not authorise the School to give our child minor medications (e.g. paracetamol tablets) if deemed necessary by the School.

<b>Parent signature:</b>			
<b>Date:</b>		<b>Child's name:</b>	
<b>Class:</b>		<b>Start date:</b>	

## DECLARATION OF PAYING SCHOOL FEES

Undersigned: I, \_\_\_\_\_ (**FULL NAME**), hereby confirm full responsibility for advance payment of my child's school fees.

I understand that when fees are paid in a currency other than that stated on the invoice, the payment deposited into the bank account must hold the value of the invoice.

I accept responsibility for all foreign exchange costs and bank charges in relation to payment of the invoice. I understand that school fees are charged in advance and are not refundable.

Unless in exceptional circumstances, refunds cannot be given in the event of a child's absence from school.

<b>Date:</b>		<b>Signed:</b>	
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## **EDUCATION AGREEMENT**

In consideration of **Budapest British International Academy** (the “School”) accepting

**Name of child:**

(the “Student”) as a Student at the School, I/ we being the Parent(s)/Guardian(s) of the Student do hereby jointly agree to undertake with the School as follows:

### **1. ATTENDANCE**

Unless prevented by sickness or other reason satisfactory to the School, the Student will regularly attend the School and strictly comply with the rules and regulations of the School policies and any other internal documents provided by the School, as well as the dates and deadlines set forth in the School calendar of the School.

### **2. PARENTS OBLIGATIONS**

That I/we will conform to the rules and regulations of the School. I will respect the School’s mission statement and support my child in doing so. My communication with staff, fellow parents and pupils of the School will be polite and respectful. I will use the established procedures to raise concerns.

### **3. CHILD SAFETY**

I agree to notify the School at the time of any illness, accident, medical condition, (whether under treatment or not), or any other circumstances (such as bereavement), which might affect the physical or mental performance of the Student.

### **4. SCHOOL FEES**

**4.1** That I/ we have read and understand the Schedule of Fees for the current academic year, and the failure on my/our part to comply with any of the payment conditions of that Schedule, regardless of whether I/we are directly responsible for payment of the School fees, gives the School the right to withdraw from this Agreement and to exclude the Student from the School.

**4.2** That I/we will give three (3) months’ notice in writing before removing the Student from the School. Such notice will be given before the agreed dates, which are published annually by the School. In default of my/our giving notice as required, I/ we shall pay in full on demand the term’s tuition fees in lieu of notice.



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- 4.3** I understand that when fees are paid in a currency other than that denominated on the invoice, the payment received into the bank account must be the value of the invoice. I/we accept responsibility for all foreign exchange costs and bank charges in relation to payment of the invoice.
- 4.4** I/we understand that the annual discount offered for full payment of one year's fees in advance is only available when payment is made either prior to or on the due date of payment.
- 4.5** Unless in exceptional circumstances, refunds cannot be given in the event of the Student's absence from school.
- 4.6** In the event that the Student does not comply with the rules of the School, the School will follow a disciplinary procedure. The School may at its absolute discretion require the removal of the Student without notice if he/she has been guilty of serious misconduct. In this event, no claim shall arise for the refund (or reduction) of any portion of any School fees already paid (or payable) to the School.

## **5. STUDENT'S HEALTH**

- 5.1** In the event of an accident to, or serious illness of the Student, and should the School be unable to contact me, I/ we authorize the Principal or their authorized representatives to seek medical treatment for the Student, at his/her complete discretion, and I/we agree to pay all medical fees in this respect.

## **6. PARTICIPATION IN ACTIVITIES ORGANIZED BY THE SCHOOL**

- 6.1** That I/ we agree to allow the Student to participate in all of the School's activities and competitions, trips and other forms of physical activities organized by the School. If any of these activities involves excursion outside of the School, I/we agree that prior notification by the School (normally through the newsletter) will be sufficient. I/we will take note of any equipment and / or clothing that the Student may need for excursions outside of the School, and the transport arrangements for the activity.
- 6.2** In consenting to the above, I/ we acknowledge that participation in sports activities and competitions, trips and other forms of activity have a natural risk element and I/we are aware of that risk.
- 6.3** During excursions outside of the School, I/we understand the need for the Student to behave responsibly and follow the normal school rules and adult supervision instructions.
- 6.4** I/give my/our permission for the Student to be taken on school trips to the local area as part of the curriculum during school hours.
- 6.5** If necessary whilst participating in any trip or excursion, I/we also consent to the Student receiving first aid care (including the administration of mild pain relieving medicine for things such as headaches e.g. ibuprofen), as considered necessary by the person responsible for first aid on the trip or excursion. In extreme circumstances I/we consent to the Student receiving any necessary emergency medical treatment as advised/administered by a medical professional. In such an event I understand that the School will notify the emergency contacts listed on the Student's Medical Form immediately.



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**6.6** I/we will inform the School in writing about any disabilities or illnesses of the Student regarding his/her ability to participate in sports activities and competitions, trips and other forms of physical activities organized by the School.

**6.7** That I/we give permission for the Budapest British International Academy to use any photographs/filming material of the Student in marketing and communication and other relevant publicity materials related to the School, Budapest British International Academy and its operations, including, but not limited to, websites, brochures and other marketing materials, annual reports and yearbooks. This permission can be withdrawn in writing at any point.

**7. CARE FOR THE STUDENT**

**7.1** The School shall be liable for the health and safety of the Student to the extent stipulated by the applicable laws of Hungary. That I/we agree that the Student attends the School at his/her own risk. The School will in no case be held responsible for any injury that may occur to the Student whilst attending the School or whilst travelling to and from the School.

**7.2** That I/we agree that the School shall not be responsible for any loss or damage to the Student's personal belongings.

**7.3** The following persons are authorized to collect the Student from the School/School Bus:

<b>Name:</b>	
<b>Relationship to pupil:</b>	
<b>Name:</b>	
<b>Relationship to pupil:</b>	
<b>Name:</b>	
<b>Relationship to pupil:</b>	

**7.4** Any change of my/our address should be immediately notified to the School in writing. Any change in the persons authorized to collect the Student should be immediately notified to the School in writing. In case of such notification failure, the School will not be liable for:

**7.4.1.** Consequences of the failure to inform you about accidents or the Student wilfully leaving the School;



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**7.4.2.** Failure to deliver correspondence to Parents/Guardians; in such case correspondence shall be deemed to be delivered after it is sent to the address known to the School; or

**7.4.3.** Handing over a Student to a person not authorized to collect him/her.

**7.5** Any changes to the Student's particulars shall be advised in writing as soon as possible to the School.

**7.6** If any matter requires the approval of or notification to us, it will be sufficient for the School to notify or obtain approval from one of us.

## **8. RIGHT TO ASSIGN**

The School may assign or transfer this Agreement or any or all of its rights and/or obligations under it to any associated company of the School.

I/we have read and fully understand this Agreement and agree to be bound by it and any documents referred to in it, as well as by any subsequent amendment as notified from time to time by the School.

**Parent signature:**

**Date:**

