



British International School
of Ljubljana
an Orbital Education School



ADMISSIONS BOOKLET

*Welcome to the British International School of Ljubljana,
your journey starts here!*

FOR ADMISSIONS USE ONLY

Date application received: DD / MM / YYYY



RESPECT · EMPATHY · EXCELLENCE · CHALLENGE

Admissions Process

Welcome to the British International School of Ljubljana.

You are now at an important and exciting stage in the process of choosing the right school for your child. Our admissions procedure is designed to make this a smooth transition for your family.

If you have any questions at all, please don't hesitate to contact our Admissions Team.

admissions@britishschool.si • +386 40 618 356

1. Contact us

Call or email our Admissions Team to arrange a personalised visit and tour around the school, or to receive information over email or Zoom if a visit is not possible to arrange.

3. Assessment

Students aged 6 and above joining our school, will take a CAT4 (Cognitive Abilities Test), for us to be able to understand the student's wider abilities.

You are also encouraged to arrange a Taster Day for your child.

5. Enrolment

Upon receipt of this payment, you will receive a confirmation letter and the countersigned copy of the Acceptance Form. Once your start date is confirmed, you will be asked to pay the Tuition Fees as per our payment process.

2. Complete and return this application pack

The application and enrolment forms found in this pack, together with the required documents, can be submitted via email or in person prior to our Admissions Team.

4. Offer and Acceptance

Provided that all admissions criteria have been met, you will receive an Offer Letter via email to confirm that your child has been accepted.

To accept the offer and secure your child's place, you will need to pay the Initial Charges, which include the Registration Fee and Enrolment Deposit, as outlined in your Offer Letter.

Required Documents

Copy of child's passport/ID

Child's recent photo

Copies of the last two school reports in English
(must be translated if the originals are not in English)

Application Form

APPLICANT *(please complete a separate form for each child)*

Planned start date: MM/YYYY

Surname: _____ First name: _____

Date of birth: DD/MM/YYYY Place of birth: _____

Nationality: _____ Language spoken at home: _____

Sex: Male Female Expected duration of stay at BISL: _____

Passport: Country of issue: _____ Number: _____ Expiry date: DD/MM/YYYY

EMŠO: _____ Slovenian tax number: _____

With whom does the child normally live? First Adult Second Adult Both Other: _____

First Adult's relationship to child: _____ Emergency contact? Yes No

Second Adult's relationship to child: _____ Emergency contact? Yes No

ACADEMIC PROFILE

Previous schools attended (list most recent first):

Dates attended	Name of school	Language of instruction	Email address of referee

Is there any evidence of learning difficulties / other special education needs? Yes No
If Yes, please attach full evidence.

Has the applicant ever been expelled or suspended from any school? Yes No
If Yes, please attach full evidence.

Applicant's current level of:

	English					Slovene				
Listening / understanding:	None	Beginner	Intermediate	Fluent	Native	None	Beginner	Intermediate	Fluent	Native
Speaking:	None	Beginner	Intermediate	Fluent	Native	None	Beginner	Intermediate	Fluent	Native
Reading:	None	Beginner	Intermediate	Fluent	Native	None	Beginner	Intermediate	Fluent	Native
Writing:	None	Beginner	Intermediate	Fluent	Native	None	Beginner	Intermediate	Fluent	Native

HEALTH SUMMARY

Does the applicant have any ongoing health issues (e.g. asthma, epilepsy, diabetes, allergies, disabilities)? Yes No
If yes, please specify: _____

Is the applicant taking or have they ever taken Prozac, Ritalin, Aderol or other cerebral stimulants or anti-depressants?
Yes No
If yes, please specify: _____

OTHER

Is there anything else you would like to tell us about the applicant? _____

Supporting Documents which must be reviewed before acceptance:

- ID page of the applicant's passport.
- Recent photograph (head and shoulders)
- The two most recent end of term school reports (*not for Early Years or Year 1*).

These documents can be handed in for review in person or sent to us via email.

Data Policy (Summary):

- Information provided in this form will be securely stored digitally in a computerised database. Paper copies will be disposed of safely.
- This information will be used by various school and Orbital Education employees to assist with the Admissions Process, for internal administration purposes and entry onto external examinations, as well as for home-school communications.
- This information shall not be passed on to any external third party without your prior consent.

Application Form

APPLICANT FAMILY

First Responsible Adult

Surname: _____ First name: _____
Home address: _____
_____ Mobile tel.: _____
EMŠO: _____ Slovenian tax number: _____
Home Tel: _____ Email: _____
Work Tel: _____ Email: _____
Send regular emails to: (please tick preference) Home Work
Occupation: _____ Employer: _____
Current level of English: None Little Good Fluent Native speaker

Second Responsible Adult

Surname: _____ First name: _____
Home address: _____
_____ Mobile tel.: _____
EMŠO: _____ Slovenian tax number: _____
Home Tel: _____ Email: _____
Work Tel: _____ Email: _____
Send regular emails to: (please tick preference) Home Work
Occupation: _____ Employer: _____
Current level of English: None Little Good Fluent Native speaker

Relationship between the two Responsible Adults:

Married In Civil Partnership Cohabiting Separated Divorced

Other: _____

since: DD/MM/YYYY

ALTERNATIVE EMERGENCY CONTACT

The person to be contacted in case of an emergency where neither of the two responsible adults can be reached.

Full name: _____ Relationship to the child: _____

Mobile tel.: _____ Email: _____

OTHER INFORMATION

How did you hear about us? _____

DECLARATION

- We hereby apply for the child(ren) named on the attached form(s) to be considered for entry into the British International School of Ljubljana and have read and understood the Admissions Process.
- We agree to inform the school promptly of any changes to any of the information provided in this form.
- We understand that the discovery of false or incomplete information may jeopardise our child(ren)'s right to remain at the school.
- We understand our obligations according to current Slovene law regarding children of compulsory school age and will work with the school to ensure compliance as appropriate.

Signature of First Adult: 

Date: _____

Signature of Second Adult: 

Date: _____

Personal Information Form

Child's Full Name:

Child's Date of Birth: DD/MM/YYYY

Nationality:

Sex: Male Female

Left-handed Right-handed

Date of Entry: DD/MM/YYYY

Previous educational experience:

Nursery / playgroup

School following British Curriculum

International school

Other

None

If International school or Other, please specify the curriculum followed:

If your child is joining Year 10 or above, please specify the programme studied so far:

(I)GCSE

AS / A Level

International Baccalaureate

Other

If Other, please specify:

Records and/or certificates (in English) obtained from the above:

Yes

No

N/A

HEALTH

Does your child have any ongoing health issues? (eg: asthma, epilepsy, diabetes, etc.)

Yes

No

If Yes, please specify in detail:

Please note that written instructions from the Doctor (in English) MUST be given to the Admissions Manager before the child can be left in our care regarding emergency procedures should symptoms occur in school.

Is your child taking or has ever taken: Prozac, Ritalin, Aderol or any other cerebral stimulants or anti-depressants? Yes No

If Yes, please specify:

Please note that written instructions from the Doctor (in English) MUST be given to the Admissions Manager before the child can be left in our care regarding any medication that needs to be administered during the school day.

Does your child have any allergies? (hayfever, dairy, nuts, seafood, medication, etc)

Yes

No

If Yes, please specify:

Does your child have any dietary requirements? (vegetarian, gluten free, religion related, etc)

Yes

No

If Yes, please specify:

Personal Information Form

SPECIAL EDUCATION NEEDS

Does your child have any difficulties with hearing, speech or language development? Yes No

If Yes, please specify in detail:

Does your child have any problems with their vision? Yes No

If Yes, please specify in detail:

Is there any reason why your child cannot participate in physical education or sports? Yes No

If Yes, please specify in detail, providing a Doctor's certificate:

Does your child have any disabilities for which they require special provisions Yes No

If Yes, please specify in detail:

Has your child ever been assessed by a psychologist or external agency? Yes No

Please tick if your child is or has previously participated in any of the following programmes:

Behaviour Management	Gifted & Talented Programme	Occupational Therapy
Speech / Language Therapy	Individual Education Plan (IEP)	Individual / Family Counselling
English as an Additional Language (EAL, ESL, ESOL)		Disciplinary Action / Contract
Remedial / Learning Support	Other:	

Please provide details of any programmes ticked above and provide copies of assessment reports, doctor's reports, etc, along with any other documentation regarding the programme(s).

LANGUAGES & EAL

Which languages can your child, with reasonable fluency, understand, speak, or read and write in?

	Understand	Speak	Read	Write
First language				
Second language				
Third language				

Which languages are spoken at home?

How many years of English instruction has your child received?

Payment of Fees Form

PLEASE COMPLETE ALL 4 SECTIONS

SECTION 1 - Personal Details

Student name: _____

Year group: _____ Date of Birth: DD/MM/YYYY

SECTION 2 - Start Date

Start of school: DD/MM/YYYY

SECTION 3 - How will you be paying the tuition fees

Please tick ONE box only

Annually (1x)

- A discount of 3% on the Annual Tuition Fee is given for a single payment in advance for non-corporate payers only (see Terms & Conditions for details), **by 1 July**.

Termly (3x)

- 40% (payable by 15 August) for the autumn term (August to December)
- 30% (payable by 15 December) for the winter term (January to March)
- 30% (payable by 15 March) for the spring term (April to June)

SECTION 4 - Invoices are to be issued to

Please tick ONE box only

An individual (usually the parent)

Name: _____

Address: _____

Email: _____

Signature:  Date: _____

A legal entity (company, diplomatic mission, etc.)

Company: _____

Name of contact: _____


Address: _____

Tax number: _____ Email of contact: _____

Option: The following should be invoiced directly to the parent(s) (tick all that apply)

Initial charges Tuition fees Lunches After-school clubs

The signature and stamp of the legal representative of the legal entity is required to confirm that the entity accepts liability for payment of fees and other charges with respect to the student(s).

Signature & stamp:  Date: _____

All discounts and other concessions are available only to non-corporate payers.

Acceptance Form - Contract

Sprejemni obrazec - Pogodba

Student / Učenec

Surname/Priimek: _____ First name/Ime: _____

Date of birth/Datum rojstva: DD/MM/YYYY Passport number/ Št. osebne dokumenta: _____

Contract

The **adults** named below, jointly and individually

- certify that they are the adults responsible for the education of the above-named child ("the Student").
- hereby **accept the offer of a place** for the Student at the British International School of Ljubljana (Britanska mednarodna šola v Ljubljani d.o.o., "the School"), starting on (date):

DD/MM/YYYY

- have received, understood and agree to the attached **Terms and Conditions, Concerns and Complaints Policy**, and **Schedule of Fees**, which are an integral part of this Contract.
- declare themselves to be in agreement with the School's **Vision, Mission and Values**, and **Caring for Each Other Statement** as attached.
- understand that the **Terms and Conditions** may be amended from time to time, in line with the school's policy of continuous improvement.

The School:

- agrees to provide general educational services as described in the **Terms and Conditions** attached.

Pogodba

Odrasla, ki sta navedena spodaj, skupaj in vsak posebej,

- potrjujeta, da sta zakonska skrbnika zgoraj navedenega otroka in obenem odgovorna za otrokovo izobraževanje.
- potrjujeta, da **sprejemata otroku ponujen prostor** na Britanski mednarodni šoli v Ljubljani d.o.o. z dnem:

DD/MM/LL

- potrjujeta, da sta prejela, razumela in se strinjata s priloženimi **Pogoji sodelovanja, Postopkom pritožbe** in **cenikom**. Vsi ti dokumenti so sestavni del pogodbe.
- izjavljata, da sprejemata šolski **ustanovni akt in vrednote (Zaveza o sprejemanju in skrbi za drugega)**, ki je priložena.
- razumeta, da se **Pogoji sodelovanja** lahko v skladu s šolsko zavezo k stalnemu napredku lahko občasno tudi spremenijo.

Šola:

- se zavezuje, da bo otroku zagotovila izobraževalne storitve, kot so navedene v priloženih **Pogojih sodelovanja**.

The Payment of Fees Form is part of this contract. / Obrazec Payment of Fees je sestavni del pogodbe.


For British International School of Ljubljana Ltd. / Za Britansko mednarodno šolo d.o.o.

Signature of Principal / Podpis ravnatelja: 

Date / Datum: _____

The Responsible Adults / Skrbniki otroka:

First parent's full name / Ime in priimek prvega starša: _____

Signature of first parent / Podpis prvega starša: 

Date / Datum: _____

Second parent's full name / Ime in priimek drugega starša: _____

Signature of second parent / Podpis drugega starša: 

Date / Datum: _____