



Roztocká 9, Sedlec, 160 00 Praha 6, Czech Republic
Early Years T 245 005 095
Primary School T 224 325 183 F 224 325 765
Junior High School T 224 315 336 F 224 325 765
Senior High School T 245 005 045
www.riversideschool.cz

Date of Entry	Entering Class
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School Confirmation

STUDENT APPLICATION FORM

Student's Surname: _____

First Name : _____ Name used: _____

Birth date: Day _____ Month _____ Year _____ Female Male

Age on September 1st 2017: _____ Current Grade _____ /Year _____

Nationality: _____ ESL provision required: YES NO

Place of Birth: _____ First Language: _____

Passport Number: _____ Expiry Date: _____

Address: _____

Student's E-mail _____

Address: _____

Student's Mobile: _____ Home Telephone: _____

Father`s Name: _____ Father's Mobile: _____

Father`s Occupation: _____ Employer: _____

Father's Email: _____

Mother`s Name: _____ Mother's Mobile: _____

Mother`s Occupation: _____ Employer: _____

Mother's Email: _____

Brothers and sisters (names & ages): _____

Previous schools attended (dates/years at each): _____

Why do you want your child to attend Riverside School? _____

How did you learn about Riverside School? _____

Please describe your child. What does he or she do best (e.g. mathematics, reading, writing, art, creativity, music, sport, social skills, other interests)?

What things are more difficult for him or her?

Are there other items important for the School to know (e.g. special needs, medical conditions or behavioural problems) ?

Enrolment Agreement

I, _____ request enrolment of my child _____ at Riverside School. I am in agreement with the School`s ethos and educational philosophy described in the Parent Handbook.

(While the School Board reserves the right to select students who can benefit from and contribute to the overall school programme, no students are discriminated against on the basis of race, creed or nationality.)

Please tick / check:

- I have submitted an enrolment fee of 8,000 CZK for pre-admission interview and administration for new students and deposit of 12,000 CZK.
- I agree to pay the tuition costs before the first day of each school term / semester and to give one full term`s notice before my child leaves Riverside and understand that failure to do so will result in forfeiting the deposit of 12,000 CZK.
- Enclosed are transcripts or reports from last school attended as appropriate.
- Enclosed is a completed medical form.
- Enclosed is a copy of the medical insurance card and a copy of the student`s passport.
- My child has permission to attend classes and all planned School events (field trips, sports lessons at the local gymnasium, etc.). In case of injury or emergency, the appointed persons at Riverside School have permission to administer first aid, seek medical advice from Dr. Barbara Taušová, School Medical Advisor, and, if necessary, to send my child to a Prague Hospital for emergency treatment.

Family Doctor / Health Centre: _____ Tel.: _____

Emergency contact person:
(In case we are unable to contact you by the telephone in an emergency) _____ Tel.: _____

Father`s Signature: _____ Date: _____

Mother`s Signature: _____ Date: _____