International School of Poznan Application Form

International Baccalaureate Primary Years Programme - IB PYP

Please PRINT your answers. Application may be submitted by email: admissions@isop.pl

Applying for Academic Year:		
Expected Start Date:	Current Grade:	
Expected Length of Stay at ISoP:		
Has the Applicant ever sought enrollment to ISoP?	Yes □ When:	No □
Has the Applicant ever attended ISoP?	Yes □ When:	No □
Has a family member attended ISoP?	Yes □ Name:	No □

Applying for Grade:

K1	K2	G1	G2	G3	G4	G5

PART A: About the Applicant

Family Name (formal):		
First Name (formal):	Middle Name:	
Preferred Name:		
Date of Birth (dd/mm/yy):	Gender:	Male □ Female □
Country of Birth:	City of Birth:	
Nationality (list all):		
PESEL/Passport Number:		

Applicant's Address (Poznan Area) Street:	
City:	ZIP:
School District/Public School in Poland (based on address):	
Address:	

PART B: Educational Background of Applicant

Name of Current School/Preschool:	
City:	Country:
Years Attended:	Grades Attended:
Language of Instruction:	IB PYP: Yes □ No □
Current Teacher's Email:	

Name of Previous School/Preschool:	
City:	Country:
Years Attended:	Grades Attended:
Language of Instruction:	IB PYP: Yes □ No □

Name of Previous School/Preschool:	
City:	Country:
Years Attended:	Grades Attended:
Language of Instruction:	IB PYP: Yes □ No □

Is the Applicant registered in the Polish edu system (receives PL certificaticates)? Yes □ No □

Native Language:	Language Spoken at Home:
English Level: None□ Basic Words□ Easy Sentences□ Communicative□ Intermediate□ Fluent□ Native□	
Polish Level: None□ Basic Words□ Easy Sentences□ Communicative□ Intermediate□ Fluent□ Native□	
Has the Applicant ever studied <u>in</u> English? Yes □ No □	
Has the Applicant studied other languages? Yes* □ No □ * list languages and level	
Additional Language Selection at ISoP (starting G2). Choose one.* German □ Spanish □ *If German or Spanish is a native language of the Applicant, must choose the other one.	

Educational Needs:

List areas in which Applicant excels:
List areas in which Applicant needs to improve:
Has the Applicant ever been recommended for a consultation with a specialist (i.e. speech therapist, audiologist, pedagogist, psychologist, psychiatrist, ...)? Yes* □ No □ * If yes, has a document been issued? Select below. Yes* □ No □ □ IEP - Individual Education Program (*orzeczenie* in Polish) □ Psychological-pedagogical report (*opinia* in Polish) □ Other..... *Copy must be submitted before enrollment.
Has your child ever participated in any of the following programs? □ English as an Additional Language □ Extra Learning Support: Reading □ Handwriting □ Spelling □ Speech □ Math □ .....□ □ Gifted/Advanced Learner: Specify.....
Has the Applicant ever received extra support due to any behavioral, social and/or emotional difficulties? Yes* □ No □ *If yes, provide details:
Has the Applicant ever skipped a year? Yes* □ No □ *If yes, specify grade and provide details:
Has the Applicant ever repeated a grade? Yes* □ No □ *If yes, specify grade and provide details:
Has your child ever been suspended/expelled from school? Yes* □ No □ *If yes, please state when and why ?

PART C: About Family

Parent/Legal Guardian 1

Family Name:	First Name:
Relationship to Student: Mother □ Father □ Legal Guardian* □ *must provide supporting documents	
Speaks English: Yes □ No □	Speaks Polish: Yes □ No □
Mobile Phone:	Email:
Lives with Applicant: Yes □ No* □ *provide address:	
Works at:	Work Phone:

Parent/Legal Guardian 2

Family Name:	First Name:
Relationship to Student: Mother □ Father □ Legal Guardian* □ *must provide supporting documents	
Speaks English: Yes □ No □	Speaks Polish: Yes □ No □
Mobile Phone:	Email:
Lives with Applicant: Yes □ No* □ *provide address:	
Works at:	Work Phone:

Siblings

Other Children in the family? Yes □ No □	
Sister/Brother Attending ISoP: Yes* □ No □ Age: Applying to ISoP: Yes* □ No □ *First and Last Name:	Sister/Brother Attending ISoP: Yes* □ No □ Age: Applying to ISoP: Yes* □ No □ *First and Last Name:
Sister/Brother Attending ISoP: Yes* □ No □ Age: Applying to ISoP: Yes* □ No □ *First and Last Name:	Sister/Brother Attending ISoP: Yes* □ No □ Age: Applying to ISoP: Yes* □ No □ *First and Last Name:

Part D: Billing Information

Party Paying Tuition: Private (Parents/Guardians) □ Company* □ * Provide details below (3-way contract must be signed).	
Company name:	
NIP:	Address:
Contact person:	
Email	Phone number:

Part E: Conditions

- School records from the last two reporting periods and must be submitted along with this form (students applying to G2 and up). Documents issued in languages other than English and Polish must be translated into one of those languages.
- ISoP may contact any previous schools for additional information regarding the Applicant.
- Any special education recommendation/IEP must be submitted in English or Polish prior to admission. If any documents are issued at a later date, they must be submitted in a timely manner.
- ISoP may provide only limited support to students with special educational needs based on child's learning difficulties and school capabilities.
- Medical records (from previous school and vaccination records) must be submitted to the office or the Nurse before the first day of school.
- An enrollment fee is due upon ISoP's decision of admission (more info www.isop.pl/en/fees-en/)
- A signing of a contract is required.

Part A - Part E

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

Part F: GDPR - Enrollment Process

Parents/Legal Guardians described in Part C, as legal custodians of the minor described in Part A:

Give permission to Fundacja International School of Poznan - with its office located at Taczanowskiego 18, 60-147 Poznań (entered into Register of associations of other social and professional organizations, foundations and independent public health care facilities, kept by the District Court - Poznań Nowe Miasto and Wilda, VIII Commercial Department of the National Court Register - KRS number 0000231789), to process our personal data as well as the above-mentioned minor's personal data, included in this application, and visual images, for purposes related and necessary in the enrollment process and the admissions to the school managed by the Foundation. At the same time we declare that we have read the Administrator's personal data protection document - Privacy Policy - available at www.isop.pl/pl/polityka-prywatności/		
Signature:	Signature:	Date:

We declare that we have been informed by the Foundation that we grant the consents for the time necessary to achieve the goals for which they have been granted, in particular, for the enrollment of the minor to the schools managed by the Foundation, and that we can withdraw each consent at any time by means of a written statement sent by registered mail or delivered directly to ISoP Office.		
Signature:	Signature:	Date:

We declare that we have been informed by the Foundation that failure to grant the above-mentioned consents or their withdrawal, may prevent, in whole or in part, the enrollment process and the admissions of the minor to the school and may result in the refusal to admit the child to the school.		
Signature:	Signature:	Date:

Part G: Medical Questionnaire

Family Name:	First Name:
Date of Birth (dd/mm/yy):	Gender: Male □ Female □
PESEL/Passport Number:	
Mother's Phone Number:	Circle prefered language: English / Polish
Father's Phone Number:	Circle prefered language: English / Polish
Is the Applicant covered by Polish public insurance - ZUS? Yes □ No* □ * If no, parents/guardians may purchase ZUS insurance via ISoP. If you have another health insurance, a document must be provided.	

Does the Applicant suffer from long-term conditions/takes medication (i.e. diabetes, asthma, epilepsy, heart troubles, etc): Yes* □ No □ *If yes, specify:
Does the Applicant suffer from any allergies: Yes* □ No □ *If yes, specify:
Is there any long-term restriction on physical activity: Yes* □ No □ *If yes, specify:
Has the Applicant undergone any serious illnesses or surgeries: Yes* □ No □ *If yes, specify:
Does the Applicant have difficulties with: Hearing □ Vision □ Speech □
Does the Applicant experience frequent: Headaches □ Stomach aches □ Fainting □ Fears □ Sadness □ Anxiety □
Child may participate in fluoridation performed by School Nurse: Yes □ No □

Parents/Guardians are responsible for keeping medical information current.
In the case of an accident, your child might be taken to a hospital. ISoP will immediately contact Parents/Guardians.

Part G

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date: