



APPLICATION FOR ADMISSION
BILINGUAL INTERNATIONAL SCHOOL
OF CÔTE D'AZUR

Table with 2 columns: Item, Status. Items include Application received, Application fee received, Provisional grade placement, Student questionnaire, Transcripts/records, Health card, Student ID No.

Full Name of Student: (As shown on passport) Last Name, First Name, Middle Name, Name Used

Date of Birth: Sex: Male Female

Passport Number:

Proposed date of entry to school:

Date of arrival in France:

Nationality:

First language(s):

Name of Parent/Guardian:

Parents nationality first language: Father/step father: Mother/step mother:

Current Address:

Current Tel. and/or mobile:

Current E-mail:

Address in France: (if known)

Tel. and/or mobile:

E-mail: @



Employer in France: _____

Parents Business Title: father/stepfather: _____

mother/stepmother: _____

Business Address: _____

Telephone/fax: _____

E-mail: _____ @ _____

Invoice to: Company Father's/Mother's attention at the company Private

Brothers/Sisters Name

Age

School attending and grade level

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other information on family circumstances you wish the school to have (see reverse side)

Present school: _____

Address _____

Grade level successfully completed in that school: _____

Date completed: _____

Language of instruction: _____

Curriculum (eg American, British, French): _____

Other schools attended by the applicant over the past three years:

School and Country

Grade(s) Completed

Dates Attended

Language of Instruction

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Which languages can the student with reasonable fluency understand, speak, read and write?

	Language	understand	speak	read	write
1 st	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____

Which languages are spoken at home? _____

Number of previous years of instruction in French: _____

Does the applicant have any physical or emotional conditions of which the school should be aware (eg allergies, recent family difficulties)? If so, please describe.

The signature of the parent, or legal guardian, below reflects an acceptance of the school's admissions policy and the financial terms laid out in the fee schedule. School attendance is subject to the timely payment of all applicable fees and to the provision of accurate and complete student records

Signature of Parent or Guardian

Date of Application

___ / ___ / ___
Day / Month / Year

Please return to:

Admissions Office, EBICA, "Les Espace de Sophia"
80 route des Lucioles - 06560 Sophia Antipolis - France

info.ebicaschool@yahoo.fr