



REGISTRATION FORM

Child' full forename (-s): _____ Surname: _____
(Please underline name normally used)

Date of birth: _____ Nationality: _____ Gender: _____
(day/month/year)

Language(-s) spoken at home: _____

Entry level: Year 10 (14-15 years of age) / Year 12 (16-17 years of age)
(Please circle appropriate option)

Year of entry:

Parent/legal Guardian 1:

Parent/legal Guardian 2:

Title:	Title:
Full name:	Full name:
Address in Slovenia:	Address in Slovenia:
Address abroad:	Address abroad:
Mobile:	Mobile:
Email:	Email:
Relationship to child:	Relationship to child:

Please share with us your child's previous schooling experience (e.g. school name, length of attendance, other information you consider helpful to us)

**Please attach the latest school report, if available*

Please give an outline of your child's hobbies and interests:

Medical: Does your child have any pre-existing medical conditions which are relevant for the school to be aware of? Yes / No (please circle)

Comments:

Learning Support: Does your child have any specific learning difficulties and has he/she ever received any learning or in-class support? (If yes, please comment below or make /)

Comments:

Has your child ever received consideration in examinations such as extra time or laptop use? Yes / No (please circle)

Is there anything else that you feel it might be helpful to us in terms of your child's wellbeing?

Comments:

Declaration by Parents/legal Guardians: We request that the above named child is registered as a prospective pupil.

We have read and understood the Terms and Conditions and agree to inform the School of any changes to the information provided in this form.

Please note that both Parents/legal Guardians must sign this form.

Parent/legal guardian 1 signature:

Date:

Parent/legal guardian 2 signature:

Date: