



Matija Gubec International School

Primary^{MG}**years**

Davorina Bazjanca 2
Zagreb, Croatia

www.os-mgubec.hr

School enrolment form

Student	
OIB	
Citizenship	
School Year	
Grade	

Note: Please, fill in all fields using **BLOCK CAPITAL** letters. All information on this form will be used only for the purposes of the school registers and student placement.

Student			Picture
Forename(s) (If more than one, underline the name by which the student is commonly known)			
Surname			
Date of Birth		Sex (M/F)	
Place of Birth (city/town)			
Country of Birth			
Names of siblings already in this school (if any)			
Student's address in Croatia			
Home Tel. / Mobile Tel.			
Parents / Legal guardians			
Relationship to Student	MOTHER	FATHER	
Title			
Forenames			
Surname			
Daytime Telephone Number (available at all times)			
Email			
Occupation			
Employer			
Do the parents / legal guardians speak English? (circle)	Fluently A little Not at all	Fluently A little Not at all	
Who does the student live with?			
Other emergency contacts (if any; relationship to student / telephone number)			

Student's Educational History

Previous School / Nursery Name	
Address (if you know)	
Contact (if you know)	
Date(s) of enrolment	
Grade / age group enrolled	
Language(s) of instruction	
Has the student ever been moved up or held back a grade? If so, please specify.	

Student's Background

What is the student's proficiency in English? (circle)	Beginner	Intermediate	Advanced	Fluent
What other language(s) does the student speak?				
What language is spoken to the student at home?				
In which countries has the student lived so far?				
Has the student received a modified program of educational instruction? If yes, circle and describe.	NO	YES	Academic	
			ESL	
			Behavioral	
			Learning support	
			Gifted and talented	
Does the student read regularly? / In which language(s)?				
Does the student wear glasses or contact lenses?				
Does the student have a hearing disability of any kind? If so, please specify.				
Student's engagement in sports activities				

Student's engagement in other extracurricular activities, humanitarian, or community organizations	
Does the student play an instrument? If so, please specify.	
Does the student have any special interests or talents? Please describe.	
Does the student have any allergies? If so, please describe.	
Does the student have any special diet? (Please specify)	
Photographs, Video, Internet (please circle)	
Do you permit your child to be photographed and photos displayed within the school, used for Local Authority or appear in the press?	YES NO
Do you permit your child to be videoed and videos displayed within the school, used for Local Authority or appear in the press?	YES NO
Is your child allowed to use the internet following the Local Authority guidelines?	YES NO

I hereby declare that the information above is true and correct to the best of my knowledge.

Name: _____ (Parent / Guardian)

Hand signature: _____

Date: _____