



## APPLICATION FORM

### for the International Programme

(here in after referred to as: "the Programme")

#### STUDENT

Family Name	
First Name(s)	
Name Used	
Date of Birth	Day:                      Month:                      Year:
Place of Birth	
Nationality (-ies)	
Address in Slovenia	
Permanent Address	
EMŠO	

(hereinafter referred to as "the Student")

#### FATHER of the Student

Family Name	
First Name(s)	
Private Address	
Private Tel. No.	
Occupation	
Business Address	
Business Tel. No.	
Address for Service	

#### MOTHER of the Student

Family Name	
First Name(s)	
Private Address	
Private Tel. No.	
Occupation	
Business Address	
Business Tel. No.	
Address for Service	

(Father and mother hereinafter together referred to as "the Parents")

#### GUARDIAN of the student



Family Name	
First Name(s)	
Private Address	
Private Tel. No.	
Occupation	
Business Address	
Business Tel. No.	
Basis for the Guardianship	
Address for Service	

**Our telephone numbers and addresses can / cannot be published in the PTA directory.**

**E-mail address to send newsletter to:** \_\_\_\_\_

**FAMILY BACKGROUND** (if yes, please explain)

Are the parents living apart but not separated?	
Are the parents separated?	
Divorced?	
Who has custody of child?	
Other relevant information	
Child's position in family	Only child   1st child   2nd child   3rd child   ..... child
Other children - Names and Ages	

**PREVIOUS EDUCATION**  
SCHOOLS ATTENDED

Name of School	City / Country	From / To (Month, Year)	Grade	Report available

**COPIES OF THE MOST RECENT SCHOOL REPORTS MUST BE PROVIDED**



**List your child's strengths:**

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**List any areas of concern / weaknesses:**

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**Has your child ever been held back or moved up a grade? Yes No (If yes, please give details)**

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**Are you aware of any specific learning support that your child will need?**

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## LANGUAGE PROFILE

Child's mother tongue / main language: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Mother's main language: \_\_\_\_\_

Does mother speak English? Yes No

Father's main language: \_\_\_\_\_

Does father speak English? Yes No

Guardian's main language: \_\_\_\_\_

Does guardian speak English? Yes No

## MEALS (not applicable for the kindergarten programme)

The student will require:

- Standard snack
- Vegetarian snack
- Standard hot lunch
- Vegetarian hot lunch
- Afternoon standard snack
- Afternoon vegetarian snack

## AFTERNOON CARE (PYP students, not applicable for the kindergarten students)

I would like / would not like to include my child in afternoon care till 4 p.m.



## MEDICAL INFORMATION

Does the student have any medical condition? (If yes, please give details)

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## IMPORTANT EMERGENCY INFORMATION

In case of illness or emergency, where a parent or responsible adult can be reached?

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

## OTHER INFORMATION

Would you like to work as a parent volunteer at school? Yes No

Do you have any special skills / talents, which you would like to share with the students?

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The school fee will be paid:

- in one instalment
- in two instalments
- in ten instalments

The school fees, enrolment fees and other services/costs regarding the Programme will be paid by

\_\_\_\_\_  
(Parents/Mother/Father/Guardian of the Student) or

\_\_\_\_\_  
(Company/Embassy (please state full details of the Company/Embassy)).

With my signature:



- I confirm that I am aware that Leon Štukelj International School Maribor is a Slovenian state school running holistic Primary and Middle Years programmes and pursuing authorization as an IB World School. I was informed about the philosophy of the programmes.
- I guarantee that all data given is authentic, and I will immediately inform the school if there are any changes.
- I agree that the school may use this recorded data to provide appropriate help to my child.
- I agree that my child takes part in all necessary assessment activities and testing for school purposes.

In connection with this Application and for the purpose of payment of the school and other fees as well as other costs/services regarding the Programme the undersigned Parents further:

- allow the School to keep a record of data regarding my (i) permanent and/or temporary residence and (ii) phone number and allow their processing for the purposes of the implementation of the Agreement on payment of school fees and other services, which will be concluded based on this Application
- commit to the School, to promptly communicate any change of my permanent and/or temporary residence and other personal details stated in this Application.
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Please select one:

- I confirm that my child is not a citizen of Slovenia.
- I confirm that my child has a special permission from the headmistress of Leon Štukelj International School Maribor to be enrolled in this school.

Date:

\_\_\_\_\_

Signature of parent(s) or guardian:

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\_\_\_\_\_