BASIS INTERNATIONAL SCHOOL PRAGUE APPLICATION PACKAGE

school year



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CHECKLIST

REQUESTED RECORDS

| Li Filled out and signed Application form |
|---|
| \square Evidence of regular vaccinations of the child (a copy of the child's vaccination records) |
| \square A copy of the child's health insurance card |
| ☐ Copy of parents´ID |
| ☐ Filled out and signed Questionnaire form |
| ☐ Filled out and signed Consent to Processing Child's Personal Data form |

| SCHOOL | YEAR | FORM |
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APPLICATION

APPLICATION FORM

| 1. PARENT (personal information) | |
|----------------------------------|--|
| First and last name | |
| Address | |
| Telephone | |
| | |
| 2. CHILD (personal information) | |
| First and last name | |
| Nickname | |
| Date of birth (mm/dd/yyyy) | |
| Address | |
| Nationality | |
| Czech I.D. or passport number | |
| Gender | |
| Native language | |
| Other spoken languages | |

| Enroll my child in |
|--|
| ☐ grade 0 (5-6 yo) |
| ☐ grade 1 (6-7 yo) |
| ☐ grade 2 (7-8 yo) |
| ☐ grade 3 (8-9 yo) |
| ☐ grade 4 (9-10 yo) |
| |
| CATERING |
| Lunch: ☐ Every day ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri |
| |
| PARENT STATEMENT |
| I confirm that the above written information is true and I agree that the BASIS International Prague, s.r.o. company will process all of the given personal data in this Application in accordance to the General Data Protection Regulation (GDPR) (EU) 2016/679 in order to conclude the School Attendance Contract according to the Principles of Processing Personal Data available at www.basisprague.cz. |
| Note: Stored data will not be available to third parties. |
| I also explicitly acknowledge that a condition for concluding the Attendance School Contract is providing other materials and filled out forms which will be provided to the school at the latest during the signature of the Child's School Attendance Contract.: |
| Evidence of the child's regular vaccinations records (vaccination card) |
| Copy of Health Insurance Card |
| Filled out and signed Pediatrician's Confirmation form Filled out and signed Questionnaire form |
| Filled out and signed Questionnaire form Filled out and signed Consent to Processing the Child's Personal Data form |
| |
| I hereby also declare that I am not aware of any reasons (neither legal nor factual) which would prevent the child to attend the school in the regular regime (for example, the medical state of the child, necessary social care and etc.). |
| Date |
| First and last name of legal guardian |
| Signature of the legal guardian |

..... SCHOOL YEAR | Application

BASIS International School Prague



QUESTIONNAIRE

| PARENT QUESTIONNAIRE |
|---|
| Child's first and last name |
| |
| CHILD'S HEALTH INFORMATION |
| 1. Allergies |
| □ Food |
| ☐ Animals (bites) |
| ☐ Medicine |
| □ Other |
| |
| 2. Does your child take any medications? ☐ Yes ☐ No |
| If yes, list the medication |
| |
| 3. Does your child have any dietary restrictions or requirements? \square Yes \square No |
| |
| |
| 4. Does your child have any limitations for ordinary school activities (asthma, diabetes, epilepsy, surgery, etc.)? |
| □ Yes □ No |
| |
| 5. Does your child wear ☐ Glasses ☐ Contact lenses ☐ Hearing Aid ☐ Other |
| 6. Health insurance company |
| 7. Pediatrician's full name |
| 8. Pediatrician's telephone |
| 9. In case of health emergency, I agree that BASIS International School Prague provides first aid to my child. |
| □ Yes □ No |
| |
| Note: Please provide a copy of the child's medical insurance card and copy of the child's vaccination records. |

CONTACT PERSON(S)

The following contacts have permission to pick up the child at BASIS International School Prague:

| 1. Parent (guardian) |
|--|
| Emergency/primary contact 🗆 Yes 🗆 No |
| Full Name |
| Nationality |
| Relationship to child |
| Does this parent have custody/legal guardianship of the child? ☐ Yes ☐ No |
| Does the child live with this parent? Yes No |
| Is this parent the primary point of contact for admission correspondence? \square Yes \square No |
| English language proficiency 🛘 Beginner 🖾 Functional 🗀 Nearly Fluent 🗀 Fluent/Native |
| Address |
| Telephone |
| E-mail |
| |
| 2. Parent (guardian) |
| Emergency/primary contact 🗆 Yes 🗆 No |
| Full Name |
| Nationality |
| Relationship to child |
| Does this parent have custody/legal guardianship of the applicant? 🛘 Yes 🔻 No |
| Does the child live with this parent? 🗆 Yes 🗆 No |
| Is this parent the primary point of contact for admission correspondence? \square Yes \square No |
| English language proficiency 🛘 Beginner 🗬 Functional 🗎 Nearly Fluent 🗖 Fluent/Native |
| Address |
| Telephone |
| E-mail |
| |
| |

| 3. | O | th | e | rs |
|----|---|----|---|----|
|----|---|----|---|----|

| Signature of the legal guar | dian | | |
|-----------------------------|------------|------|------|
| First and last name of lega | l guardian | | |
| Date | | | |
| | | | |
| | | | |
| | | | |
| Telephone | | | |
| | | | |
| Relationship to child | | | |
| Full name | | | |
| Telephone | | | |
| Relationship to child | | | |
| Full name | | | |
| Telephone | | | |
| · | | | |
| Relationship to child | | | |
| Full name | | | |

| SCHOOL | YEAR | I FORM |
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CONSENT: PERSONAL DATA

| CC | DNSENT TO PROCESSING CHILD'S PERSONAL DATA |
|-----------------------|---|
| Ch | ild's first and last name |
| Эa | ate of birth (dd/mm/yyyy) |
| n 3 <i>A</i> 69 | accordance with the Regulation of the European Parliament and Council (EU) about the protection of individuals regard to processing personal data and in the free movement of such data (GDPR Regulation), I hereby grant ASIS International Prague, s.r.o, ID No.: 06957005 with the registered office at Nad Tejnkou 391/10, Břevnov, 9 00 Praha 6, registered in the Commercial Register maintained by the Municipal Court in Prague, Section C, try 292031 (Administrator or School), consent to processing my child's personal data: |
| | To all the following personal data, which are all mandated requirements for the conclusion of the Child's School Attendance Contract: |
| | • name and surname, |
| | • birthdate, |
| | • permanent, alternatively temporary residence, |
| | parent information (identification, contact details) |
| 2. | To the all of the following personal data which are all necessary for the due fulfillment of the Child's School Attendance Contract (check box for consent): |
| | ☐ native language and knowledge of other languages, |
| | ☐ Czech birth number, if one is given, |
| | \square information about siblings, family members and other authorized persons, |
| | ☐ medical fitness according to the questionnaire (especially allergies, sickness, medications, vaccinations), |
| | ☐ details about health insurance company, |
| | \square details about other contact persons (pediatrician, legal guardians, etc.); |
| 3. | To the following child's personal data that do not have an effect on the conclusion or the fulfillment of the Child's School Attendance Contract (check box for consent): |
| | □ nationality; |
| Γh | e above mentioned personal data shall be authorized to be processed by the Administrator for the following purposes: |

- conclusion of the Child's School Attendance Contract,
- keeping the necessary health records,
- recording data and photos for internal uses of the Administrator,
- organizing events (fieldtrips, excursions....),
- accompaniment of the child (pick-up),
- improving education at the School.

| BASIS International School Prague | SCHOOL YEAR Consent: Personal Data |
|-----------------------------------|--------------------------------------|
| | |

| 4. | In addition to the above the given consents, I agree that the photos (including group photos) and audio/video recording of my child taken during School events and activities can be published (check box for consent): |
|-----------------------|---|
| | \square on the School's website, |
| | □ on social media (for example, Facebook etc.), |
| | ☐ in print, |
| | ☐ in promotional materials of the School, |
| | for the purpose to promote the School and its presentation. |
| pe Cc da | grant the consent for the entire duration of my child's attendance to the School and for the legally mandated riod necessary for its processing, otherwise for a period of 10 years after the end of the Child's Attendance to School ontract. I grant the consent only to the Administrator, who, without statutory cases cannot provide this personal ta to other persons or authorities for purposes other than the intended purposes and must secure the data against authorized or accidental access and processing, and against any editing, destruction, misuse or loss. |
| | cknowledge that the consent can be withdrawn at any time by sending a letter or e-mail to the contact information the Administrator: info@basisprague.cz. |
| the | cknowledge that the processing of the above mentioned personal data is done by the Administrator, however a recipient or processors of the above mentioned personal data can be other persons, especially the provider of the ftware used by the Administrator and colleagues of the Administrator. |
| ab | vas made aware of my rights, especially about my right to withdraw this consent at any time without giving a reason, out the access to this data, about the right of its editing or deletion, that granting the above mentioned personal ta is voluntary, about the right of knowing where the personal data was processed and for what purpose. |
| of the of pe | urther confirm that I was made aware that if I find out or believe that the Administrator performs the processing personal data in contradiction to the protection of personal and private life or in contradiction to the law, especially if a personal data is not accurate in regards of the purpose of its processing, I can request an explanation and removal such occurred state. Particularly, in regards to blocking, making a correction, making addition or disposing rsonal data. I also confirm that I was made aware that in the case of doubt regarding the fulfilment of the requirements out the processing of personal data, I can contact the Office for Personal Data Protection. |
| ab Cc the | nally, I acknowledge that in the case of concluding the Child's School Attendance Contract, the processing of the ove particularly mentioned personal data is necessary or required for fulfilling this Child's School Attendance ontract, where in the case of not granting the consent of processing such described personal data, the School has e right, in justified cases, to deny allowing the child to attend the School in order to provide security to the child or rd persons (especially regarding the medical fitness). |
| | of the information I provided is current, accurate and complete. I acknowledge that the School is not responsible rany damage caused by information that was provided incomplete or inaccurate. |
| Da | ıte |
| Fir | rst and last name of legal guardian |
| Sig | gnature of the legal guardian |
| Fir | st and last name of legal guardian |
| Sig | gnature of the legal guardian |
| | |