

BASIS INTERNATIONAL SCHOOL PRAGUE
APPLICATION PACKAGE

.....
school year



REQUESTED RECORDS

- Filled out and signed **Application** form
- Evidence of regular vaccinations of the child (a copy of the child's vaccination records)
- A copy of the child's health insurance card
- Filled out and signed **Pediatrician's Confirmation** form
- Filled out and signed **Questionnaire** form
- Filled out and signed **Consent to Processing Child's Personal Data** form

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

ATTENDANCE**Academic Program:** 8:00–15:30**Extracurricular Program:** 15:30–17:30**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 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

PEDIATRICIAN'S CONFIRMATION

PEDIATRICIAN'S CONFIRMATION OF THE CHILD'S MEDICAL FITNESS

Full name of child

Date of birth

Address

1. CHILD'S MEDICAL FITNESS

Confirmation that the child

is medically fit

is not medically fit

is medically fit with a condition (with a restriction)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Has undergone the mandated regular vaccinations Yes No

Comments

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

2. ALLERGIES

Is allergic to

.....

.....

.....

CURRENT MEDICATION LIST

Medication	Dose	Frequency

Date of issue

Name of pediatrician

Signature of pediatrician

(please include the stamp below)

QUESTIONNAIRE

PARENT QUESTIONNAIRE

Child's first and last name

CHILD'S HEALTH INFORMATION

1. Allergies Yes No

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? Yes 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? Yes 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? Yes No

English language proficiency Beginner Functional Nearly Fluent Fluent/Native

Address

Telephone

E-mail

3. Others

Full name

Relationship to child

Telephone

Full name

Relationship to child

Telephone

Full name

Relationship to child

Telephone

Date

First and last name of legal guardian

Signature of the legal guardian

CONSENT: PERSONAL DATA

CONSENT TO PROCESSING CHILD'S PERSONAL DATA

Child's first and last name

Date of birth (dd/mm/yyyy)

In accordance with the Regulation of the European Parliament and Council (EU) about the protection of individuals in regard to processing personal data and in the free movement of such data (GDPR Regulation), I hereby grant BASIS International Prague, s.r.o, ID No.: 06957005 with the registered office at Nad Tejnkou 391/10, Břevnov, 169 00 Praha 6, registered in the Commercial Register maintained by the Municipal Court in Prague, Section C, Entry 292031 (Administrator or School), consent to processing my child's personal data:

1. 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,
- 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,
- 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;

The 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.

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):

- 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.

I grant the consent for the entire duration of my child's attendance to the School and for the legally mandated period necessary for its processing, otherwise for a period of 10 years after the end of the Child's Attendance to School Contract. I grant the consent only to the Administrator, who, without statutory cases cannot provide this personal data to other persons or authorities for purposes other than the intended purposes and must secure the data against unauthorized or accidental access and processing, and against any editing, destruction, misuse or loss.

I acknowledge that the consent can be withdrawn at any time by sending a letter or e-mail to the contact information of the Administrator: **info@basisprague.cz**.

I acknowledge that the processing of the above mentioned personal data is done by the Administrator, however the recipient or processors of the above mentioned personal data can be other persons, especially the provider of the software used by the Administrator and colleagues of the Administrator.

I was made aware of my rights, especially about my right to withdraw this consent at any time without giving a reason, about the access to this data, about the right of its editing or deletion, that granting the above mentioned personal data is voluntary, about the right of knowing where the personal data was processed and for what purpose.

I further confirm that I was made aware that if I find out or believe that the Administrator performs the processing of personal data in contradiction to the protection of personal and private life or in contradiction to the law, especially if the personal data is not accurate in regards of the purpose of its processing, I can request an explanation and removal of such occurred state. Particularly, in regards to blocking, making a correction, making addition or disposing personal data. I also confirm that I was made aware that in the case of doubt regarding the fulfilment of the requirements about the processing of personal data, I can contact the Office for Personal Data Protection.

Finally, I acknowledge that in the case of concluding the Child's School Attendance Contract, the processing of the above particularly mentioned personal data is necessary or required for fulfilling this Child's School Attendance Contract, where in the case of not granting the consent of processing such described personal data, the School has the right, in justified cases, to deny allowing the child to attend the School in order to provide security to the child or third persons (especially regarding the medical fitness).

All of the information I provided is current, accurate and complete. I acknowledge that the School is not responsible for any damage caused by information that was provided incomplete or inaccurate.

Date

First and last name of legal guardian

Signature of the legal guardian

First and last name of legal guardian

Signature of the legal guardian