



APPLICATION FOR ADMISSION

School Year requested: _____

PRIMARY – EPIM/ISM (from 2 to 10 yrs old)

Aix-en-Provence Marseille

SECONDARY (from 11 to 18 yrs old) – Aix en Provence

STUDENT: (Family name) _____ (First name) _____

Grade Requested: _____

Programme: Day Student
 Weekly Boarding (Secondary only)
 Permanent Boarding (Secondary only)

Options: FLE – Extra French
 ALE – Extra English
 IB Diploma Programme

Application Sent: ____ / ____ / 20____

IBS of Provence
Attn: Mme HEINICKEN
Domaine des Pins – Aix-en-Provence
500 Route de Bouc-Bel-Air – 13080 LUYNES France
Tel : +33 (0)4 42 24 03 40 Fax : +33 (0)4 42 24 09 81
Email : admissions@ibsofprovence.com
www.ibsofprovence.com

For Administration Only

Application Received: _____ Application Reviewed: _____
Final Decision: Accepted / Declined / Wait List
Contract sent: _____ Contract returned: _____ Initial payment received: _____

ENG / ALE

FR / FLE

LM: _____ SN: _____



APPLICATION FOR ADMISSION

APPLICATION REQUIREMENTS

- Completed and signed application form
- Teacher recommendation form (*only for Secondary students*)
- Letter of motivation from the student (*only for Secondary students*)
- An official transcript/report card for the last two years of school
- A copy of the student's passport/ID card
- A current photograph of the student

STUDENT INFORMATION

Family Name _____ First Name _____

Date of Birth _____ Place of Birth _____
(day/month/year)

Passport No. _____ Expiration Date _____ Place of Issue _____

Nationality _____ Gender _____

GRADE APPLYING FOR: _____ (*mandatory*)

For 11th and 12 grade students, please select one:

International Baccalaureate French Baccalaureate **S - ES - L - STG (circle one)**

PROGRAMME:

Day Pupil With Lunch Weekly Boarder Boarder Weekend Included

TRANSPORTATION - For Day Pupils only

Aix Bus Service Marseille Bus Service Puyricard Bus Service

Mailing Address _____

Telephone _____ Mobile _____
(Please include country code and city code)

Student Email _____

Siblings (Name and Ages) : _____

List any significant health considerations (disabilities, allergies) for the student

List any special needs or educational considerations relevant to the student's school environment

ACADEMIC INFORMATION

Mother Tongue(s): _____

Major Options: French as a Foreign Language Years of Study _____

English as a Foreign Language Years of Study _____

Other Language(s) _____ Years of Study _____

_____ Years of Study _____

Sports Options: Tennis Years of Practice _____

Dance Years of Practice _____

Martial Arts Years of Practice _____

Horse Riding Years of Practice _____

Golf Years of Practice _____

Other Sports _____ Years of Practice _____

_____ Years of Practice _____

Present School Name _____

Mailing Address _____

Dates Attended _____ State School/Public or Private School

Reason for withdrawal from present school _____

Has your son/daughter ever been suspended or expelled from any school for any reason?

Yes No

If yes, please attach an explanation.

This application is a REQUEST for admission for my son/daughter to attend the International Bilingual School of Provence in France. In accordance with the terms and conditions set forth in the School Year Contract if admitted, I acknowledge the financial obligation for the period contracted. The school reserves the right to dismiss a student at any time with no refund if he/she has demonstrated unacceptable behaviour as outlined in our IBS Conduct Information

Signature of Parent or Guardian _____

Date _____

PARENT INFORMATION

Father's Name _____

Home Mailing Address _____

Telephone (home) _____ Fax _____

(Please include country code and city code)

Telephone (office) _____ Email _____

Mobile Phone _____

Occupation _____ Employer _____

Mother's Name _____

Home Mailing Address (if different from above) _____

Telephone (home) _____ Fax _____

(Please include country code and city code)

Telephone (office) _____ Email _____

Mobile Phone _____ Maiden Name _____

Occupation _____ Employer _____

Guardian's Name (if applicable) _____

Home Mailing Address (if different from above) _____

Telephone (home) _____ Fax _____

(Please include country code and city code)

Telephone (office) _____ Email _____

Mobile Phone _____ Maiden Name _____

Occupation _____ Employer _____

Billing Address: _____

How did you or your child hear about the International Bilingual School of Provence?



TEACHER RECOMMENDATION – (Secondary only)

To the Student:

After you have filled in the information below, give this form to your teacher. Have him or her complete this form and send it directly to us in a sealed envelope.

Student Name _____ Date _____

Name of Teacher _____ Subject: _____

School Name and Address _____

To the Recommender:

This student is applying to the International Bilingual School of Provence (IBS) in France for the coming school year. IBS is an academically challenging, international bilingual school. A full and candid report from the school is essential for our assessment of his/her application.

Telephone(s) _____ Email _____

1. How long have you known this student? _____
2. Please evaluate the student in the following categories:

	Top 10%	Above Average	Average	Below Average	No basis for judgement
a. Academic Achievement					
b. Academic Potential					
c. Effort/Determination					
d. Leadership					
e. Integrity/Honesty					
f. Maturity					
g. Overall Evaluation					

Please write a summary evaluation of the student including any information about character, maturity, values and personal qualities. Please include an additional sheet or letter if necessary.

I recommend this student to the International Bilingual School of Provence.

- Enthusiastically Strongly Fairly Strongly With reserve Do not recommend

Signature _____ Date _____

Please return this form to :

International Bilingual School of Provence
Attn: Mme HEINICKEN
500 Route de Bouc-Bel-Air
Aix-en-Provence F-13080 LUYNES France

Or by email (scanned document) : admissions@ibsofprovence.com