**XV. GIMNAZIJA**

PHOTOGRAPH

**( 2** COPIES )

**IB World School**

**Jordanovac 8, Zagreb 10000**

**Croatia**

**APPLICATION FORM**

**INTERNATIONAL BACCALAUREATE MIDDLE YEARS PROGRAMME**

**PART I - COMPLETED BY CANDIDATE OR PARENT/GUARDIAN**

#### Applying to grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolment date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **STUDENT** | |
| **Name** (family name first): |  |
| Gender (encircle): | M F |
| Date of Birth: |  |
| Place of Birth: |  |
| Nationality: |  |
| Citizenship: |  |
| Mother tongue or best language |  |
| Address in Croatia: |  |
| Telephone No. (home and mobile) |  |
| Permanent Address (if different): |  |
| E-mail address: |  |
| OIB for foreign citizens: |  |
| **FAMILY** | |
| **Mother**’s Name: |  |
| **OIB:** |  |
| Occupation: |  |
| Name of Employer: |  |
| Business Phone No. & mobile: |  |
| E-mail address: |  |
| **Father**’s Name: |  |
| **OIB:** |  |
| Occupation: |  |
| Name of Employer: |  |
| Business Phone No. and mobile: |  |
| E-mail address: |  |
| Are the parents living apart,  separated or divorced? |  |
| Student lives with: |  |
| Number of children in the family: |  |

**PREVIOUS SCHOOLS ATTENDED:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | City / Country | From/To  (Month &Year) | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LANGUAGE PROFILE:**

|  |  |
| --- | --- |
| Student’s mother tongue / best language: |  |
| Other languages spoken: |  |
| English studied for how many years: |  |

HAS THE STUDENT EVER BEEN **HELD BACK OR MOVED UP** A GRADE? (If yes, please provide details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES THE STUDENT HAVE **ANY MEDICAL CONDITION**? (If yes, please provide

details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENGAGEMENT **IN SPORTS ACTIVITIES** (name activities):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENGAGEMENT IN **MUSIC OR ANY ART** ACTIVITY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENGAGEMENT IN ANY **OTHER EXTRACURRICULAR ACTIVITY**, HUMANITARIAN OR COMMUNITY ORGANISATION (e.g. Red Cross):

PARTICIPATION IN ANY **KNOWLEDGE** **COMPETITION** (name the competition and the place held):

**Documents to be enclosed with this application form**:

1. grade transcripts of two previous years (Official school transcripts)

2. proof of citizenship ( and parent’s if different)

3. two photos ( passport size)

**PART II - COMPLETED BY CANDIDATE (IN BLOCK CAPITALS)**

DESCRIBE IN ENGLISH REASONS FOR APPLYING TO THE **IBMYP**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III** - **COMPLETED BY PARENTS OR GUARDIANS**

1. I hereby agree that my child be enrolled in the IBMYP:

YES NO

2. Why do you think this programme is good for your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.I hereby **declare that I have been introduced to the IBMYP and that my child will comply with the school regulations and adhere to the IBMYP Curriculum**.

### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART IV – NOTICE OF PROCESSING PERSONAL DATA WHEN CONSENT OF DATA SUBJECT IS NOT NECESSARY – SIGNED BY PARENT/GUARDIAN**

**XV. gimnazija processes student's and parent's personal data because of fulfilling obligations in the field of education according to the Croatian law, IB regulations and internal school acts.**

|  |  |
| --- | --- |
| CONTROLLER | XV. gimnazija |
| DATA PROTECTION OFFICER'S CONTACT | [isimic@mioc.hr](mailto:isimic@mioc.hr) |
| DATA SUBJECT | * student * parent/guardian |
| LEGAL BASIS | * Primary and Secondary School Education Act * by-laws * Statut XV. gimnazije * IBMYP: General regulations * IBDP: General regulations |
| PURPOSES | * protection the vital interests of the data subject * compliance with a legal obligation to which the controller is subject * performance of a task carried out in the public interest or in the exercise of official authority vested in the controller * performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract * protection of persons and property |
| CATEGORIES OF RECIPIENTS | * government bodies in charge * public institutions in charge * founder (City of Zagreb) and founder's bodies in charge * service providers in extra-curricular activities * International Baccalaureate Organization * institutions where students volunteer for CAS requirements * bodies in charge of enforcement proceedings |
| STORING PERIOD | * permanent except: * data concerning health and family status – 5 years * personal data obtained by a video surveillance of common rooms – maximum 6 months, except when longer storing is necessary |
| DATA SUBJECT'S RIGHTS | * to request access to his/her personal data * to request rectification or erasure of personal data or restriction of processing concerning the data subject * to object to the controller * to object to Croatian Personal Data Protection Agency * data portability |
| OBLIGATION OF PROVIDING PERSONAL DATA | * statutory or contractual requirement/a requirement necessary to enter into a contract |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART V - COMPLETED BY SCHOOL THE CANDIDATE HAS ATTENDED LAST**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. We kindly ask the homeroom teacher to provide her/his opinion about the

candidate which should include:

1. estimation of candidate’s abilities and working habits
2. personal characteristics
3. extracurricular activities
4. attendance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Estimate the following characteristics of the candidate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **A**  **Excellent** | **B**  **Above**  **average** | **C**  **Average** | **D**  **Below average** | **E**  **No basis for judgement** |
| Ability to work in a group |  |  |  |  |  |
| **Adaptability** |  |  |  |  |  |
| **Communicative skills** |  |  |  |  |  |
| **Care for others** |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |
| **Diligence** |  |  |  |  |  |
| **Initiative** |  |  |  |  |  |
| **Maturity** |  |  |  |  |  |
| **Motivation** |  |  |  |  |  |
| **Open-mindedness** |  |  |  |  |  |
| **Self-control** |  |  |  |  |  |
| **Self-confidence** |  |  |  |  |  |

Homeroom teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_