**XV. GIMNAZIJA**

PHOTO

 **(insert SCAN**)

**IB World School**

**Jordanovac 8, Zagreb 10000**

**Croatia**

**APPLICATION FORM**

**INTERNATIONAL BACCALAUREATE MIDDLE YEARS PROGRAMME**

|  |  |
| --- | --- |
| SCHOOL YEAR: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Applying to grade: |  | Enrolment date: |  |
| Application date: |  |

|  |
| --- |
| **STUDENT** |
| **Name** (family name first): |  |
| Gender (M/F): |  |
| Date of Birth: |  |
| Place of Birth: |  |
| Nationality: |  |
| Citizenship: |  |
| Address in Croatia: |  |
| Telephone No. (home and mobile) |  |
| Permanent Address (if different): |  |
| E-mail address: |  |
| OIB for foreign citizens: |  |
| **FAMILY** |
| **Mother**’s Name: |  |
| OIB:  |  |
| Citizenship: |  |
| Occupation: |  |
| Name of Employer: |  |
| Business Phone No. & mobile: |  |
| E-mail address: |  |
| **Father**’s Name: |  |
| OIB: |  |
| Citizenship: |  |
| 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 from previous year (Official school transcripts)

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

3. two photos (passport size) or scanned photo on the top of the Application form

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

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

|  |
| --- |
|  |
| 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 | tajnistvo@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: |  |
| Date: |  | Signature: |  |