

1. All documents (*transcripts, report cards, health/special needs / IEP reports, reference letters etc.*) need to be provided in English . If the reports are in any other language, please provide notarised English translations.
2. Parents must complete pages 2 to 16 of this admissions form.
3. The Primary / Secondary Confidential School Recommendation Form must be filled out by the previous/current school Principal / Head teacher / Counsellor and sent directly to the MEF IS Admissions Office at registration@mefis.k12.tr. The application will not be deemed complete until this form is received.
4. **The Early Childhood Centre Confidential School Recommendation Form** must be completed ONLY for students entering Preschool, PreK or Kindergarten. This should be filled out by your child's previous preschool teacher if she has previously attended preschool, or by the parent if this is your child's first school experience.
5. Student's Report Cards / transcripts **for the past two years** must be submitted with this Application Form as indicated in the below chart.
6. Students **must have successfully completed their previous grade level** to be placed in the next grade level in MEF IS when the Academic Year starts in September.
7. If application is submitted after the school year starts, during midterm or in Semester II, student's **current Grade Progress Report or Semester/Trimester Report Card or Transcript must also be submitted.**
8. The Academic Year runs from September to June and one school year is completed in 10 months at MEF IS. However, in Southern Hemisphere countries such as Australia, Korea or Japan, the academic year runs from Feb-to-Dec; Mar-to-Feb or Apr-to-Mar. Therefore, students who come from these countries and apply to enter MEF IS in the second half of the academic year **will not be placed in the next grade level until September** because of having missed the first 5-6 months of that school year.
9. A proficient level of English is required for enrolment in Grades 9-12. Entry into Grades 10-11-12 will be considered on a case by case basis
10. ***The following must be submitted together with the application form:***
 - a. **Student Photos:** Please submit 3 passport size photos of the student.
 - b. **Foreign Passports:** Please submit photocopies of valid foreign passports of Student/Father/Mother.
 - c. **TR Residence Permit or Diplomatic ID:** If your family members already have a residence permit, please submit photocopies. If you are new in Turkey and do not have residence permit yet, please submit photocopies to the school immediately after obtaining it.
 - d. **Proof of Payment of the Application Fee:** All new student applications are subject to a non-refundable application fee of US\$500. The application documentation will be processed only upon receiving this fee.
 - e. A copy of your child's immunisation card. Alternatively please provide a letter from your family physician stating that your child has received all vaccinations to date.

PERSONAL INFORMATION

Grade Applied for:		PLEASE ATTACH A STUDENT PHOTO HERE
Class (to be filled by MEF IS):		
Academic Year:		
Date of Registration (first day):		

STUDENT INFORMATION

(Give details as shown in your child's passport)

First Name:	
Middle Name:	
Family Name:	
Preferred Name / Family Name***:	

***If your child has more than one name and surname in his/her passport, please indicate the preferred name and surname to be used at school. Formal names (as shown in the passport) will be used on report cards & official documents.

Gender (please circle):	Male / Female
Date of Birth (day / month / year):	
Place of Birth (city / country):	
Citizenship / Passport Country:	
Passport Number:	
Passport Expiry Date:	
Turkish Identification Number:	
Primary Language (most fluent language):	
Other Languages (please indicate level):	
English Level (please circle):	Beginner / Intermediate / Advanced / Native Speaker

If your child is not a native English speaker, please specify number of years of formal English training he/she has had:

..... years at an international school

..... years in a national school as second language

Admissions: Application**PARENT INFORMATION**

Please provide the information requested in the box next to each heading. Please use BLOCK letters.

Father's Information

TR Residence ID Number	
Given Names and Surname	
Occupation	
Please circle:	Employed / Self-employed / Not-employed / Retired / Homemaker
Mobile Phone	+
Home Phone Number	+
Work Phone Number	+
Home Address	
Work Address	
E-mail	

Mother's Information

TR Residence ID Number	
Given Names and Surname	
Occupation	
Please circle:	Employed / Self-employed / Not-employed / Retired / Homemaker
Mobile Phone	+
Home Phone Number	+
Work Phone Number	+
Home Address	
Work Address	
E-mail	

Legal Guardian's Information

TR Residence ID Number	
Given Names and Surname	
Occupation	
Please circle:	Employed / Self-employed / Not-employed / Retired / Homemaker
Mobile Phone	+
Home Phone Number	+
Work Phone Number	+
Home Address	
Work Address	
E-mail	

EMERGENCY CONTACT

Please list the details of a contact in Istanbul, other than parents, that we can contact in case of an emergency, if the parents are unreachable.

Full Name:	
Relation:	
Mobile Phone Number:	
Other Phone Number:	

TRANSLATOR

If parents are not fluent in English, please provide contact details of a person who can act as a translator.

Full Name:	
Relation:	
Mobile Phone Number:	
Other Phone Number:	

STUDENT'S PREVIOUS EDUCATION

Please list your child's previous schools starting with the most recent one.

MOST RECENTLY ATTENDED SCHOOL:

Name of School / Country:	
Grade(s) Completed:	
Start and end date of Attendance:	
Language of Instruction:	
Curriculum followed:	IBO / Cambridge / UK / USA / Other
Type of School:	International / Private / Public / Boarding

PREVIOUS SCHOOL:

Name of School / Country:	
Grade(s) Completed:	
Start and end date of Attendance:	
Language of Instruction:	
Curriculum followed:	IBO / Cambridge / UK / USA / Other
Type of School:	International / Private / Public / Boarding

PREVIOUS SCHOOL:

Name of School / Country:	
Grade(s) Completed:	
Start and end date of Attendance:	
Language of Instruction:	
Curriculum followed:	IBO / Cambridge / UK / USA / Other
Type of School:	International / Private / Public / Boarding

INTRODUCING YOUR CHILD

We would like to get to know your child a little better. Please fill out the questions below from your point of view. Please note that the information that you share here will be shared with your child’s teachers before your child starts school.

1. List five words that best describe your child’s character (e.g. competitive, cheerful, perfectionist, etc.)

2. What motivates your child? What upsets them?

3. What are your child’s out of school interests and activities?

4. What are your child’s strengths and areas for growth?

5. What is your child’s favourite subject?

Admissions: Application

STUDENT QUESTIONNAIRE

- Answer the questions below in full detail.
- Include supporting information IEP/modified/special programs, and any Psychological or Psychoeducational Assessment Reports.
- This information will be used to gauge if the school has the necessary resources and support personnel should registration be granted.
- This information will remain in your child’s folder and be available to his/her teachers at MEF IS.

Do you have any concerns about your child’s ability to learn? If yes, please provide details below.	YES / NO
Has your child previously needed a full-time or part time individual learning assistant (shadow teacher)?	YES / NO
Has your child ever had an IEP (Individual Education Plan) or similar? If yes, it is mandatory to provide a copy of the IEP report.	YES / NO
Has your child ever been identified/tested/evaluated for any possible learning disabilities by a psychologist? If yes, it is mandatory to provide a relevant report.	YES / NO
Has your child ever repeated a Grade? If yes, which grade?	YES / NO
Has your child ever been suspended or expelled from school? If yes, please provide details to the admissions office.	YES / NO
Has your child ever been identified, tested or evaluated as Gifted or Talented? If yes, please provide details to the admissions office.	YES / NO
Do you notice any of the following in your child?	YES / NO

Behaviour	Poor concentration	YES / NO
	Easily distracted	YES / NO
	Slow to complete work	YES / NO
	Impulsive (does not stop to think before acting)	YES / NO
	Unable to always follow directions	YES / NO
	Unusually high or low level activity	YES / NO
	Difficulty with change in routines	YES / NO
	Difficulty organising materials and possessions	YES / NO
Intellectual	Difficulties processing / comprehending information	YES / NO
	Language difficulties	YES / NO
	Difficulties with memory	YES / NO
Social / Emotional	Difficulty relating to peers	YES / NO
	Difficulties with anger and conflict	YES / NO
	Inability to cooperate / share	YES / NO
	Insensitivity towards others	YES / NO
	Problems with self-esteem	YES / NO

Physical Difficulties	Fine motor skills	YES / NO
	Gross motor skills	YES / NO
	Hearing	YES / NO
	Sight	YES / NO
	Speech	YES / NO
Has your child ever received support from one of the following?		
	Learning Support Teacher	YES / NO
	Special Needs Teacher	YES / NO
	ESL Teacher	YES / NO
	Counsellor	YES / NO
	Occupational Therapist	YES / NO
	Speech Pathologist	YES / NO
	Psychologist	YES / NO
	Psychiatrist	YES / NO
Has your child ever had a diagnosis of?		
	Autism or Asperger's Syndrome	YES / NO
	ADHD / ADD	YES / NO
	Language or Developmental Delay	YES / NO
	Reading, Writing or Mathematics Disability	YES / NO
	Learning Difficulty	YES / NO
	Physical Disability	YES / NO
	Speech Impairment	YES / NO
Other (please specify):		

Please note that children entering MEF IS EARLY CHILDHOOD CENTRE must be toilet trained; eat & dress independently. I confirm that my child entering the Early Childhood Centre is toilet trained, can eat and dress independently.

I hereby declare that all the information I have provided is true. I understand and agree that my child's admission to MEF INTERNATIONAL SCHOOL, ISTANBUL will be reconsidered at any time during the year, if I make a false declaration and/or if I do not meet my obligations.

Name of Parent who completed this form:	
Signature:	Date:



MODERN FOREIGN LANGUAGE SELECTION

All students applying to enter Secondary School will enter an English Placement Test if English is not their Primary Language. This test may be given either before or after registration. Students without a proficient level of English will not be enrolled in Grades 9 to 12.

MFL instruction is for students with a proficient level of English. If your child has no/basic level of English, MFL instruction will be postponed until an adequate level of English proficiency has been achieved.

Choice of Modern Foreign Language (please circle):	French / Spanish
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The choice of MFL for students entering Grades 6-12 & IBDP is to be approved by the Secondary School Administration according to the programme requirement and MFL courses offered.



PARENTAL PERMISSION - MEF IS

STUDENT PHOTO CONSENT

Occasionally students' photos are taken in class or engaged in school activities. These photos are used in the newsletters, our half-yearly publication called MEFfenger & the Yearbook. However, sometimes these student photos are used for school promotion (website, brochures, social media, advertisements, etc.).

With the exception of the Yearbook, MEFfenger and the school newsletter, students will not be identified by name.

Your approval is required for use of these photos for school promotion (website, social media, brochures, ads, etc.)

- Yes**, I give permission for my child's photo to be used for school promotion.
- No**, I do not give permission for my child's photo to be used for school promotion.

PARENT CONTACT INFORMATION DISTRIBUTION CONSENT

MEF IS parents sometimes wish to contact one another. Your approval is required for giving your phone number and email address to other parents for communication.

- Yes**, our family contact details can be given to other MEF IS families.
- No**, our family contact details cannot be given to other MEF IS families.

Name of Student:	Grade:
Name of Parent who completed this form:	
Signature:	Date:

PARENTAL PERMISSION - IB

SCHOOL:	MEF International School, Istanbul
NAME OF STUDENT:	
DATE OF ENTRY TO SCHOOL:	
GRADE:	

Parents / legal guardians should read the IB PYP / DP General Regulations carefully at the following link:

Please click [here](#) for the IB PYP regulations.

Please click [here](#) for the IB DP regulations.

The International Baccalaureate Organization (IB Organization) is committed to improving and promoting its educational programmes and the teaching and learning that take place in its IB World Schools. It runs teacher-training workshops and publishes promotional materials such as the magazine *IB World*. It also publishes training materials, both in printed form and on CD-Rom, for schools and for sale, and on its password-protected website for teachers. These training materials are greatly improved if samples of student work are shown. The IB Organization would much appreciate your permission for the future possible use of samples of your child's work or of images of him/ her engaged in class work or school activities, should the school select them for submission. Please check one box in each section below to give the school the necessary authority. Then, sign and date the form. It will be retained by the school and kept with your child's school record.

Section 1: Child's school work

(Please tick as applicable)

- On behalf of my child, I **grant** the IB Organization a **non-exclusive worldwide license** to use any of my child's work that the school chooses to submit, in whatever medium (including written work, audio and visual materials). I note that this means that the IB Organization may reproduce and publish the materials in any medium for training, promotional or other purposes in relation to the IB Organization's activities or those related activities of which it approves. I note also that these materials may be modified, translated or otherwise changed to meet the IB Organization's purposes **and that all names will be removed along with any information that may lead to the identification of the child or of the school.**
- On behalf of my child, I **do not give permission** to the school to submit his / her work, in whatever medium, to the IB Organization for the purposes described above.

Section 2: Child's visual image

- On behalf of my child, I give permission to the IB Organization to reproduce photographic and video images of my child in whatever medium, as described above. I understand that these pictures will have been taken in the course of approved school activities and in circumstances under the control of the school. I note that the identity of my child will not be revealed.
- On behalf of my child, I refuse permission to the IB Organization to reproduce photographic and video images of my child in whatever medium and, therefore, ask the school not to include my child in any activity that will be photographed or videoed for submission to the IB Organization.

Name of Parent who completed this form:	
Signature:	Date:



HEALTH INFORMATION

- Please fill out the information below accurately and in detail.
- This information will be shared with the school’s medical unit.

Student’s Full Name:	Grade:
Gender: Male / Female	Date of Birth (day/month/year):
Blood Type (please circle): <u>O rh+</u> ; <u>Orh -</u> ; <u>Arh+</u> ; <u>Arh-</u> ; <u>Brh+</u> ; <u>Brh-</u> ; <u>AB rh+</u> ; <u>AB rh-</u>	

MEDICAL RELEASE / PERMISSION TO TREAT / EMERGENCY HOSPITAL DISPATCH

I understand that the staff members of the school will take precautions at their disposal to ensure the safety of my child while attending MEF IS. I take responsibility to inform the school of any changes in my child’s health.

Should my child become acutely ill or injured while on MEF IS campus or on a field trip, the school doctor, nurse, first aid assistant, administrators and/or other members of the school staff have my permission to request emergency medical assistance.

I give permission for my child to be sent to hospital in case of an emergency during the school time and I accept to pay the costs of the treatment.

Please tick one;

- Our preferred hospital is**.....
- I have no preference for hospital. I give permission for my child to be sent to the most suitable hospital chosen by the school and I accept to pay the costs of the treatment.

Note: MEF IS provides limited accident insurance coverage during school activities. Your child’s Private Health and/or Accident Insurance may ensure accident related health care during school hours and field trips. If the student’s Health/Accident Insurance Policy Carrier name and number is not indicated below, and if the parents cannot be reached when there is an emergency, the school reserves the right to attend the emergency at the family’s expense.

Name of Insurance Company:	Insurance Policy Number:
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I accept and agree to the terms and conditions above.

Parent / Guardian Name:	Signature:
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HEALTH INFORMATION

Do you give permission for the school to perform the following, if arranged:	
Vision check	YES / NO
Dental test	YES / NO
Hearing test	YES / NO
Weight/height check	YES / NO
Routine check for lice	YES / NO

Has your child had any of these common childhood illnesses?	
Measles	YES / NO
Mumps	YES / NO
Rubella (German Measles)	YES / NO
Chicken Pox	YES / NO
Constipation	YES / NO
Diarrhea	YES / NO
Eye infections	YES / NO
Ear infections	YES / NO
Others (please specify):	
Does your child have any special allergies?	
Dust mites	YES / NO
Animals (cats, dogs)	YES / NO
Peanuts, or other nut products	YES / NO
Dairy products	YES / NO
Antibiotics	YES / NO
Sticking plasters	YES / NO
Insect bites or stings	YES / NO
Other (please specify):	

HEALTH INFORMATION FORM

Does your child need to use any kind of medical device, inhaler, epipen, hearing aid? Please specify:	YES / NO
Does your child have any special medical conditions?	
Eczema	YES / NO
Diabetes	YES / NO
Epilepsy	YES / NO
ADD / ADHD	YES / NO
Other (please specify):	YES / NO
Does your child wear glasses?	YES / NO
Has your child had his/her eyes tested?	YES / NO
Does your child have any hearing problems?	YES / NO
Does your child take regular medication? If yes, please provide details below.	YES / NO
Has the student been involved in any serious accident?	YES / NO
Has the student had any major surgery? If yes, please provide details below.	YES / NO
My child may participate in all physical activities	YES / NO
Please include any relevant further information regarding your child's health below:	

I declare that all the information provided in this form is true and accurate to the best of my knowledge. I understand that any omission of important medical information may result in the school reviewing the student's attendance at MEF International School.

Name of Parent who completed this form:	
Signature:	Date:

SCHOOL FEES PAYMENT AGREEMENT FORM

I have reviewed the MEF IS Payment Policy and I agree to pay the placement fee for each child I enrol. I request a payment plan for the established school fees.

Please tick	Payment Options
	I will pay the tuition amount in 4 installments
	I will pay the tuition in full

I understand that I will need to sign for the payment plan provided to me by the school and hand in an original copy to the admissions office.

Name of Parent Responsible for making payments: _____

If your COMPANY/CONSULATE in Turkey is paying the school fees of your child(ren) and requires invoice/receipt/fatura in the name of the company, please complete:

Name and Address of the Company/Consulate:	
Tax Office:	Tax Number:
Please check with your company and indicate whether they require e-fatura or not: YES / NO	

STATEMENT OF FINANCIAL OBLIGATIONS

I, the undersigned, certify that I understand and hereby agree to the terms and conditions stated in the MEF INTERNATIONAL SCHOOL PAYMENT POLICY. I will pay the placement fee upon confirmation of enrolment. I undertake the responsibility of paying the tuition amount by the designated due date(s). If my company is paying my child(ren)'s school fees, I agree to follow-up payments with the responsible department/person in my company and I will ensure that payments are made by designated due date(s). I understand that ultimate financial obligation rests with me should my company fail to pay the school fees of my child(ren).

Name of Parent who completed this form:	
Signature:	Date:

**GENERAL DIRECTORATE OF PRIVATE EDUCATION INSTITUTIONS OF THE
MINISTRY OF EDUCATION OF THE REPUBLIC OF TURKEY,
STUDENT ADMISSION CONTRACT TERMS (PRIVATE SCHOOLS)**

Contract Terms

1. The calculation for the upper limit of the tuition fees for a particular year, both for new and the re-registering students, is adjusted by multiplying the past year's total with Domestic Producer Price Index plus Consumer Price Index divided by 2. The school can add a further 5% increase to this amount.
2. Our institution announces tuition fees and other expenses (for supplementary courses, food, transportation, accommodation) for the following academic year in the period between January and the end of May. These announcements shall specify yearly educational fees, full payment and installment options, and possible discounts.
3. Prices for social and cultural activities, and excursions are determined individually and prior to each activity. Consent of parents or guardians is a prerequisite for participation in the said courses and activities.
4. Our institution shall not demand further payments from parents / guardians for skills training or internships.
5. Should our institution not announce the tuition fees for a particular year in time, tuition fees from the previous year will continue to be operative.
6. The collection of the tuition fees shall be made to a bank account that is registered in our institution's name and reported to the Governorship. Tuition payments received from the students are registered to the e-school system and this information is passed on to the parents.
7. Our institution holds the right to withhold renewal of enrollment for students whose tuition fees are unpaid by the specified date. The registration of students whose parents / guardians insist on failing to make the payments, will be transferred to an official or appropriate school through the commission of relocation, after the investigations by Ministry inspectors are conducted.
8. In accordance with the Ministry of Education's Private Institutions Regulations, Item 56, in case of a withdrawal before the academic year starts, a 10% deduction will be made and remaining amount will be refunded to the parents / guardians. If the withdrawal takes place after the academic year has started, then, a 10% deduction will be made based on the tuition for the entire academic year and the number of days until withdrawal. The rest will be refunded to the parent or legal guardian.
9. Should a student be found eligible for a scholarship either full or partial; the tuition fee will be refunded to the parent / guardian within two months after the start of the academic year.
10. Reimbursement shall not be requested by any student who is granted a scholarship, when withdrawal happens for any reason.
11. **Payment of tuition for students who receive Educational Support/Scholarship:**
 - a. After receiving Educational Support / Scholarship from the Ministry of Education, the parent/guardian is responsible for paying the remaining tuition stated in this contract.
 - b. Should the Educational Support/Scholarship provided by the Ministry of Education be cancelled for any reason, the remaining tuition will be payable by the parent/guardian.
12. According to Annex 2 of the Ministry of Education Regulation on Private Education Institutions; any child who receives a scholarship of more than 51% by the school, must notify the Ministry and annul their Educational Support / Scholarship.
13. It is a fundamental requirement that students attend classes. Parents / guardians are expected to notify the school administration with the excuse of absence. In case such a notification is not provided, the school administration will communicate with the parents / guardians and inform them of this absence.
14. In order for the contract items to be fulfilled and any official notification to be sent, the declared contact information by the parent/guardian should be the current legal address at which the parent resides. In the event of a change of address, if the school has not received a written update from the parent/guardian regarding this change within 15 days of the move, a notice delivered to the previous address, will be regarded as valid. All the provisions of the student enrollment agreement have been fully read by the parent / guardian, understood, and accepted without any hesitation, with complete free will and desire.

Name of Parent / Guardian:	
Parent Signature:	
Date:	
School Stamp and School Official's Signature	

Admissions: Application

CONFIDENTIAL SCHOOL RECOMMENDATION

Primary, Secondary School

- Please ask your child’s School Principal, Deputy Principal or School Counsellor to fill out this Confidential School Recommendation form.
- The form should be sent directly by email to MEF IS Admissions Office at registration@mefis.k12.tr.

Dear Colleague,

This confidential information is an important part of the admission process at MEF International School. Your candid evaluation of the student will be appreciated. Please complete & sign the form and email it to MEF IS Admissions Office at registration@mefis.k12.tr. Feel free to include reference letters from teachers to support the student application.

Student Name: _____ **Current Grade:** _____

<i>Please tick as appropriate:</i>	EXCELLENT	GOOD	IMPROVEMENT NEEDED	NOT APPLICABLE
Works independently				
Follows directions				
Behaves respectfully & appropriately				
Works cooperatively in group situations				
Completes work on time				
Academic potential				
Academic performance				
Honesty/Integrity				
Leadership ability				
Extra-curricular participation				
Cooperation with adults				
Relations with peers				
Concern for others				
Socialization				
Overall evaluation				

How long have you know the above-named student?	
Has this student ever been in breach of school rules or regulations? If yes, please provide details.	YES / NO
Are there any special circumstances, learning disabilities or emotional/social problems of which we should be aware? If yes, please specify.	YES / NO
Please write about the student’s academic strengths, weaknesses, special interests and talents, character and maturity.	

Have this student’s parents been supportive of the school’s vision and mission?	YES / NO
Have the parents supported the school Administration?	YES / NO
Have they fulfilled their financial obligations?	YES / NO
Name of School:	Your Name and Title:
Phone:	Email:
Signature:	Date:

CONFIDENTIAL SCHOOL RECOMMENDATION

Early Childhood Centre

- If your child has previously attended preschool, please ask his/her previous preschool teacher to complete the questions below. The form should be sent directly by email to MEF IS Admissions Office at registration@mefis.k12.tr.
- If your child has never attended school, parents are requested to answer the following questions.

Student's Name: _____

Name of Previous School: _____

1. Explain the prior preschool experience, if any. Please indicate how long attended, including details of whether the programme was half day or full day or how many days a week it involved.
2. In new or unfamiliar situations, how does the child react when separating from parents?
3. How does the child interact with other children in a group situation?
4. Please make a special note of any fears or anxieties he/she may have and how he/she is comforted.
5. Please describe the child's personality and note any special interests and the things he/she likes to do.
6. Describe the child's ability to communicate. Is the child able to express ideas clearly and easily in English or his/her mother tongue? Please indicate the language your child is most comfortable using.
7. Please note any further information that you feel will be useful to our teachers in providing the best environment for your child.