

REGISTRATION PROCEDURE

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 13 of this admissions form.
3. **The Primary / Secondary Confidential School Recommendation Form (Annex 1)** must be filled out by the previous/current school Principal / Head teacher / Counsellor and sent directly to the MEF IS Admissions Office at registrar@mefis.k12.tr. The application will not be deemed complete until this form is received.
4. **The Early Childhood Centre Confidential School Recommendation Form (Annex 2)** must be completed **ONLY** for students entering Reception 1, Reception 2 or Kindergarten. This should be filled out by your child's previous preschool teacher if s/he 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.
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, the 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 11-12. Entry into Grades 10-11-12 will be considered on a case-by-case basis.
10. **The following documents 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 a 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 and registration fee. 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.
 - f. Custody document of your child if the parents are divorced.

PERSONAL INFORMATION

| | | |
|--|--|---|
| Grade Level 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 / FamilyName***: | |

***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 Residence 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

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 |
| Marital Status (Please Circle) | Married / Single |
| Who is the legal guardian? | Mother / Father / Other:..... |
| Mobile Phone | + |
| 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 |
| Marital Status (Please Circle) | Married / Single |
| Who is the legal guardian? | Mother / Father / Other:..... |
| Mobile Phone | + |
| Work Phone Number | + |
| Home Address | |
| Work Address | |
| E-mail | |

Legal Guardian's Information (fill this section if you are a guardian of a child rather than a parent)

In case of the change of legal guardian, it is the responsibility of the parent to inform the school in a written official document.

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

EMERGENCY CONTACT

Please list the details of a contact **in Izmir, 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: | |

CHOICE OF TRANSPORTATION

Please indicate below how you intend for your child/ren to travel to and from school.

| | |
|-------------------------|--|
| Family: | |
| School Service Bus: | |
| Other (Please specify): | |

Note: *If someone other than the parents (grandparent/driver/nanny etc.) will collect your child/ren regularly, please provide a copy of their identification card to have on record for security purposes.*

STUDENT'S PREVIOUS EDUCATION

MEF INTERNATIONAL SCHOOL, Izmir

Admissions: Application 2024-2025



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 |

MODERN FOREIGN LANGUAGE SELECTION

Modern foreign language lessons start from Grade 2. Students are able to change their language choice within the first month of the academic year, subject to administration approval. Turkish is offered until the end of Grade 8.

| | |
|--|-----------------------------------|
| Choice of Modern Foreign Language (please circle): | French / Spanish / Turkish |
|--|-----------------------------------|

LANGUAGE BACKGROUND SURVEY

Please write your child's dominant language on the line below. The dominant language is considered to be the child's strongest language. This is usually the language spoken by the child's parents. If the child uses two languages equally well, please write both languages below.

Dominant Language(s): _____

Use the chart below to help you determine your child's level of skill for English. You can also add another language in the bottom box.

| | No Skills | Beginning | Intermediate | Advanced |
|------------------|-----------------------|-------------------------------------|--|--|
| Listening | No skill development. | Understands just a little. | Understands everyday conversation and can follow basic classroom instructions. | Understands the language almost as well as a native speaker. |
| Speaking | No skill development. | Can say a few words or phrases. | Can hold a conversation using simple English. | Converses easily with native speakers. |
| Reading | No skill development. | Can read simple words and phrases. | Can read simple books in the language. | Can read (age appropriate) books in the language. |
| Writing | No skill development. | Can write simple words and phrases. | Writes simple ideas with many mistakes. | Independently writes ideas clearly with few mistakes. |

If your child's dominant language is NOT English, check the boxes to describe your child's skills. Use the chart above to help you.

| | No Skills | Beginning | Intermediate | Advanced |
|------------------|-----------|-----------|--------------|----------|
| Listening | | | | |
| Speaking | | | | |
| Reading | | | | |
| Writing | | | | |

Other Language: _____

If your child speaks additional languages please indicate their skill level in the boxes below. If your child's dominant language is NOT English, check the boxes to describe your child's skills. Use the chart above to help you.

| | No Skills | Beginning | Intermediate | Advanced |
|------------------|-----------|-----------|--------------|----------|
| Listening | | | | |
| Speaking | | | | |
| Reading | | | | |
| Writing | | | | |

INTRODUCING YOUR CHILD

Name: _____

Grade: _____

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?

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)? If yes, please provide details below. | 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 |

| | | |
|---------------------------|---|----------|
| 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 | 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/ 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, IZMIR 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: |

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 (please circle): Male / Female | Date of Birth (day/month/year): |
| Blood Type (please circle): O rh+ Orh - Arh+ Arh- Brh+ Brh- AB rh+ AB rh- | |

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 a 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: |
| | |

I accept and agree to the terms and conditions above.

| | |
|--------------------------------|-------------------|
| Parent / Guardian Name: | Signature: |
| | |

HEALTH INFORMATION

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

| <i>Has your child had any of these common childhood illnesses?</i> | |
|---|-----------------|
| <i>Measles</i> | <i>YES / NO</i> |
| <i>Mumps</i> | <i>YES / NO</i> |
| <i>Rubella (German Measles)</i> | <i>YES / NO</i> |
| <i>Chicken Pox</i> | <i>YES / NO</i> |
| <i>Constipation</i> | <i>YES / NO</i> |
| <i>Diarrhea</i> | <i>YES / NO</i> |
| <i>Eye infections</i> | <i>YES / NO</i> |
| <i>Ear infections</i> | <i>YES / NO</i> |
| <i>Others (please specify):</i> | |

| <i>Does your child take regular medication? If yes, please provide details below.</i> | <i>YES / NO</i> |
|--|-----------------|
| <i>Has the student been involved in any serious accident?</i> | <i>YES / NO</i> |
| <i>Has the student had any major surgery? If yes, please provide details below.</i> | <i>YES / NO</i> |
| <i>Does your child have any special allergies?</i> | |
| <i>Dust mites</i> | <i>YES / NO</i> |
| <i>Animals (cats, dogs)</i> | <i>YES / NO</i> |
| <i>Peanuts, or other nut products</i> | <i>YES / NO</i> |
| <i>Dairy products</i> | <i>YES / NO</i> |
| <i>Antibiotics</i> | <i>YES / NO</i> |
| <i>Sticking plasters</i> | <i>YES / NO</i> |
| <i>Insect bites or stings</i> | <i>YES / NO</i> |
| <i>Others (please specify):</i> | |

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): | |
| 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 enroll.
 I request a payment plan for the established school fees.

| Please tick | Payment Options |
|-------------|--|
| | I will pay the tuition amount in 5 installments. |
| | I will pay the tuition in full. |

I understand that I will need to sign for the payment plan in person at the Admissions Office. I understand that my enrollment will not be considered complete until I sign the payment plan.

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: | School Stamp and School Official's Signature |
| Parent Signature: | |
| Date: | |