



BLIS

Bilkent Laboratory &
International School

İHSAN DOĞRAMACI FOUNDATION BİLKENT LABORATORY & INTERNATIONAL SCHOOL

**Pre-kindergarten (4 years old)
Kindergarten (5 years old)**



**2025-2026
ELEMENTARY SCHOOL
PRE-KINDERGARTEN & KINDERGARTEN
APPLICATION BOOKLET**



BLIS STUDENT ADMISSION POLICY & PROCEDURES

AGE RANGE GUIDELINE: 2025-2026

PRE-KINDERGARTEN

Students born between **October 1, 2020 and September 30, 2021** can apply for Pre-kindergarten for the **2025-2026** Academic Year.

KINDERGARTEN

Students born between **October 1, 2019 and September 30, 2020** can apply for Kindergarten for the **2025-2026** Academic Year.

HOW TO APPLY TO BLIS

To begin the application process please visit our website at <https://blis.k12.tr/>, select the “Apply for Admission” tab and complete the BLIS Online Application Form.

If you have already submitted the Online Application Form please ignore the information above.

PRE-KINDERGARTEN & KINDERGARTEN ADMISSIONS CALENDAR FOR THE 2025-2026 SCHOOL YEAR:

Pre-Kindergarten & Kindergarten Application Deadline: August 8, 2025
Pre-Kindergarten & Kindergarten Application Fee Deadline: August 15, 2025
Pre-Kindergarten & Kindergarten Interview Date: August 22, 2025

GENERAL INFORMATION

Once the BLIS Online Application Form is submitted and the application fee is paid, Pre-Kindergarten & Kindergarten students are invited to an interview. Interviews take place in March and August.

Should false information regarding nationality be provided, the application may be suspended or cancelled.

Please refer to our website for further admissions and academic program information.
<https://blis.k12.tr/>



APPLICATION DOCUMENTS

- **Application Fee:** 2750 TL - To be deposited in the school account below (Nonrefundable).

Bank Account Details:

School Name: İHSAN DOĞRAMACI VAKFI ANKARA OKULLARI
İKTİSADİ İŞLETMESİ

Bank name: Yapı Kredi Bankası Bilkent Şubesi

Iban: TR770006701000000084389876 (TL)

- **Custody Document:** We kindly request that divorced parents provide a copy of their custody document / guardianship certificate during the application process, for our confidential student files.
- **Evidence of payment:** Bank transfer receipt of the application fee must be submitted to the Admissions Office or emailed to admissions@blisankara.org by August 15, 2025.

SCHOOL TOUR

We invite prospective parents to join our Pre-Kindergarten and Kindergarten school tour which takes place in March. Individual school tours are only held for the families living abroad and by appointment before the August interview if there is availability.

ASSESSMENT

Students are interviewed for approximately 40 minutes, both individually and in group settings.

Here are the skills that we observe during admissions interviews:

- Personal/social/emotional development
- Self-help skills
- Fine motor skills
- Gross motor skills
- Cognitive skills
- Oral language skills

*Please advise your child in advance that they are expected to participate in the interviews independently.

** Parents will be expected to fill-out a short online survey before the interview day.



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ANNOUNCEMENT OF INTERVIEW RESULTS

The school will announce the interview results by e-mail approximately two weeks after the interviews.

August interview results will be announced in one week's time after the interviews.

CONTACT INFORMATION

Admissions Office

Telephone: (90-312) 290 8249

Email: admissions@blisankara.org

Address: Bilkent Laboratory and International School East Campus 06800-Bilkent-Ankara-Türkiye

REGISTRATION DOCUMENTS

***Upon acceptance to BLIS, parents are requested to bring the following documents.**

- 1) Three recent passport-size photos of the student (taken within the last 6 months) are required.
- 2) Copies of the **Turkish ID cards for all family members**, including both the student and the parents, along with a copy of the passport if the student holds an additional nationality.
Copies of passports for both the **international students and their parents**.
- 3) **Residence Permit / Diplomatic Card (For international families):** Copies of both sides of child's and parents' residence permits and diplomatic cards. If your residence permit(s) and/or diplomatic card(s) are not available at the time of registration, please bring the receipt of your application instead.

Students without a valid residence permit may begin their studies at BLIS as guest students. However, they will not be registered in the e-Okul system and will not receive official documents such as report cards, certificates of appreciation, etc., from the MEB system. If they fail to submit their residence permit by the end of the academic year in which they commence their studies, their enrollment will be terminated on the last day of that academic year. Additionally, if the residence permit application is denied at any point during the academic year, their application will be terminated at that time.

- 4) Signed and stamped progress report card from the previous school. If the document is in a language other than English or Turkish, a notarized translation in either Turkish or English is required.
- 5) Parents are required to fill out the **Registration Form** below.
Parents must ensure that **the photos of the mother, father and urgent contact person** are glued in the designated places on the form.
Parents residing abroad or outside of Ankara must provide the school with a local residence address in Ankara.
Parents employed outside of Ankara must provide their work address and contact information on the form.
- 6) **The health form below** must be fully completed, signed and stamped by your child's **private doctor**.

Please call our Pre- Kindergarten Nurse, Ms. Sakine Buzluçay at +90 312 290 82 70 and Kindergarten Nurse, Ms. Handan Çaba at +90 312 290 82 66 for your queries about the health form. (sakine.kamis@blisankara.org & handan.caba@blisankara.org).

IMPORTANT: To ensure your child's safety and well-being at school, we kindly request you to complete the form provided by our school regarding their allergy information, diseases, health status, medications, and vaccination records. Please note that a simple statement from your family doctor stating "There is no health problem" is not sufficient. Instead, we require your doctor to fill out the form we shared with you, providing detailed information about your child's medical history.

- 7) Copy of Vaccination Card - **Mandatory**. If the Vaccination Card is in a language other than English or Turkish, a notarized translation in Turkish or English is required.
- 8) **Health/Consent Form** (Provided below) must be signed and dated.
- 9) Divorced parents are required to submit the **custody document** (Custody certificate/guardianship certificate) for our confidential student files.
- 10) **Student Registration Envelope** is required to be filled in and signed by one of the parents **with a blue pen**.

REGISTRATION FORM

ÖĞRENCİ BİLGİLERİ / STUDENT INFORMATION	
Adı / Name	
Soyadı / Surname	
Uyruğu / Nationality	
2.Uyruğu / 2 nd Nationality (If applicable)	
T.C. Kimlik No / TC ID No	
Passaport No / Passport Number	
Doğum Yeri / Place of Birth	
Doğum Tarihi / Date of Birth	
Ev Tel / Home Phone	
Cep Tel / Mobile Phone	
Ev Adresi / Home Address	
E-posta Adresi / E-mail Address	

BABA BİLGİLERİ / FATHER'S INFORMATION		
Adı / Name		GLUE THE PHOTO OF THE FATHER BABANIN FOTOĞRAFINI YAPIŞTIRINIZ
Soyadı / Surname		
Uyruğu / Nationality		
2.Uyruğu / 2 nd Nationality (If applicable)		
T.C. Kimlik No / TC ID No		
Passaport No / Passport Number		
Doğum Yeri / Place of Birth		
Doğum Tarihi / Date of Birth		
Ev Tel / Home Phone		
Cep Tel / Mobile Phone		
Ev Adresi / Home Address		
E-posta Adresi / E-mail Address		
Mesleği / Occupation		
Şirket Adı & adresi / Company Name & Address		
İş Tel / Work Phone		
Öğrenim Durumu / Education		
How many children are in your household? / Kaç çocuğunuz var?		

ANNE BİLGİLERİ / MOTHER'S INFORMATION		
Adı / Name		GLUE THE PHOTO OF THE MOTHER ANNENİN FOTOĞRAFINI YAPIŞTIRINIZ
Soyadı / Surname		
Uyruğu / Nationality		
2.Uyruğu / 2 nd Nationality (If applicable)		
T.C. Kimlik No / TC ID No		
Passaport No / Passport Number		
Doğum Yeri / Place of Birth		
Doğum Tarihi / Date of Birth		
Ev Tel / Home Phone		
Cep Tel / Mobile Phone		
Ev Adresi / Home Address		
E-posta Adresi / E-mail Address		
Mesleği / Occupation		
Şirket Adı & adresi / Company Name & Address		
İş Tel / Work Phone		
Öğrenim Durumu / Education		
How many children are in your household? / Kaç çocuğunuz var?		

ACİL DURUM BİLGİLERİ / EMERGENCY CONTACTS (AİLEYE ULAŞILAMAZ İSE / IF PARENTS ARE UNAVAILABLE)		
Adı / Name		GLUE THE PHOTO OF THE EMERGENCY CONTACT PERSON ACİL DURUMDA ULAŞILACAK KİŞİNİN FOTOĞRAFINI YAPIŞTIRINIZ
Soyadı / Surname		
Yakınlığı / Relationship to student		
Cep Tel / Mobile Phone		
Ev Adresi / Home Address		
Ev Tel / Home Phone		
İş Adresi / Work Address		
İş Tel / Work Phone		

ÇOCUĞUN OKULA GELİŞ VE DÖNÜŞ DURUMU ARRIVAL AND DEPARTURE OF THE CHILD TO THE SCHOOL	
Aile / Parent	
Servis / School Bus	
Diğer / Other	

SAĞLIK RAPORU

Öğrencinin Adı-Soyadı	
Öğrencinin Sınıfı ve Numarası	
Velisinin Adı ve Soyadı	
Cep Tel:	
İş tel:	
Ev Tel:	
Ev adresi:	
Varsa Özel Sağlık Sigortası Kurum Adı	
Varsa Özel Sağlık Sigortası Poliçe No	
Özel Doktorunun Adı Soyadı	
Özel Doktorunun Telefon Numarası	
Kan Grubu	

DOKTOR TARAFINDAN DOLDURULACAK BÖLÜM

Genel görünüm				Kabakulak:	Hepatit:	Ülser:
Boy:		Kilo:		Suçiçeği:	Pnomoni:	İdrar Yolu Enf:
Göz problemi				Kızamık:	Tüberkiloz:	İnfeksioz Mono:
Sağ:	Sol:	Gözlük:	Lens:	Saman nezlesi:	Astım:	Şeker:
Baş:	Burun:	Boğaz:	Diş:	Akut eklem romatizması:		
İşitme Bozukluğu:	Konuşma bozukluğu:			Kronik hastalıklar:		
Ağız:	Tonsiller:			Diğerleri:		
Lenfler:	Tiroit:			Alerjiler:		
Solunum Yolu Hastalıkları:				İlaç:	Gıda:	
Kalp Hastalıkları:				Böcek Sokması:	Polen:	
Kan Basıncı:	Nabız:			Ev Tozu:	Güneş:	
Genitoüriner ve Nefroloji Hastalıkları:				Diğer Alerjiler:		
Ortopedi ve Fizik Tedavi Hastalıkları:				Düzenli Kullandığı ilaçlar:		
Dermatoloji Hastalıkları:				Düzenli Spor:		
Sinir Sistemi Hastalıkları:				Var ise geçirdiği;		
Psikiyatri Hastalıkları:				Ameliyat:		
				Travma:		
				Hastalıklar:		
				Ciddi Trafik Kazası:		
				Bedensel özür:		
				Diğer Bilgiler:		
Aşılar						
Difteri+Boğmaca+Tetanoz:						
Kızamık+ Kızamıkçık+Kabakulak:						
Çocuk felci:						
NOT: Öğrencinin okul öncesi aşılarına ilişkin belgelerin fotokopilerini forma ekleyiniz.						
MUAYENE YAPAN DOKTORUN						
Adı & Soyadı:						
Adresi:						
Tel:						
Tarih:						
İmza / Kaşe:						

HEALTH REPORT

Student Name/Surname	
Students' Grade and ID Number	
Parents' Name-Surname	
Mobile Phone Number	
Work Phone Number	
Home Phone Number	
Home Address	
Private Health Insurance Company	
If applicable Private Health Insurance Policy Number	
Private Doctor's Name	
Private Doctor's Phone Number	
Blood Type	

TO BE FILLED BY THE DOCTOR

General Apperance				Mumps:	Hepatit:	Ulcer:
Height:		Weight:		Chicken pox:	Pneumonia:	Urin. Tract inf:
Eye problem				Measles:	Tuberculosis:	Inf. Mon:
Right:	Left:	Eyeglasses:	Lens:	Hay Fever:	Asthma:	Diabetes:
Head:	Nose:	Throat:	Teeth:	Rheumatism:		
Hearing impairment:		Speech impairment:		Chronic illnesses:		
Mouth:		Tonsilitis:		Other:		
Lymph:		Thyroid:		Allergies:		
Respiratory tract diseases:				Drugs:	Food:	
Heart diseases:				Insect bites:	Pollen:	
Blood pressure:		Pulse:		Dust:	Sun:	
Genitourinary and kidney diseases:				Other Allergies:		
Orthopaedics and physiotherapy diseases:				Regularly used medication:		
Dermatology diseases:				Regular sports:		
Nervous system diseases:				If applicable;		
Psychiatric diseases:				Surgery:		
				Trauma:		
				Illnesses:		
				Serious traffic accident:		
				Motor disability:		
				Other information:		
Vaccination						
Diphtheria+Whooping cough+Tetanus:						
Measles+Mumps+Rubellak:						
Polio:						
P.S.: Please attach the photocopies of vaccination documents						
THE EXAMINING DOCTOR						
Name & Surname:						
Adress:						
Phone Number:						
Date:						
Signature/Stamp:						

SAĞLIK / ONAM FORMU

Değerli Velilerimiz,

Öğrencilerimizin sağlığını koruyabilmemiz, basit semptomlarda uygulamalar yapabilmemiz ve yaşanacak acil durumlarda müdahale edebilmemiz için; aşağıdaki uygulamaları okuyarak işaretlemeniz ve doldurulan formları kayıt sırasında Öğrenci İşleri Birimine iletmeniz gerekmektedir. Aşağıdaki durumlar dışında velinin sözel isteği ile öğrenciye ilaç verilmeyecektir. Öğrencilerin güvenliği açısından lütfen okula, öğrenci çantalarında ilaç göndermeyiniz. İlaçların veliler tarafından okul hemşiresine teslim edilmesi gerekmektedir. Çocuğunuzun okul saatleri içinde düzenli olarak kullanması gereken ilaçların verilebilmesi için doktoru tarafından verilen bir reçete gerekmektedir.

Saygılarımızla,

Okul İdaresi

☐ Çocuğuma okulda yaşanabilecek, böcek ısırması, çarpma ve düşmeye bağlı kas ağrıları, uçuk vb.gibi sağlık problemlerinde basit krem, jel ve pomadlar uygulanmasına izin veriyorum.

☐ Çocuğumda oluşabilecek basit semptomlar için (baş ağrısı, ateş vb.) Parasetamol veya Ibuprofen içerikli ağrı kesici, ve ateş düşürücü gibi ilaçlar benim sözel onayım alınarak uygulanabilir.

☐ Çocuğuma aşağıda belirttiğim ilaçların okul hemşiresi tarafından gerektiği hallerde verilmesine izin veriyorum.

1.....

2.....

3.....

4.....

☐ Oluşabilecek sağlık durumunun ciddiyetine göre, aileye ulaşılamama durumunda, okul idaresinin kararıyla, çocuğumun Üniversite Sağlık Merkezi'nin olanaklarından ya da 112'den yararlanılarak en yakın sağlık kurumuna nakline izin veriyorum.

Öğrencinin adı-soyadı :.....

Sınıfı :.....

Velinin adı-soyadı :.....

Velinin imzası :.....

Tarih :.....

HEALTH / CONSENT FORM

Dear Parents,

In order to enable us to protect the health of your child, treat him/her for simple symptoms or for emergencies, you need to read, mark, sign and return this form to the Student Affairs Office during registration. Except for the conditions stated below, children will not be given medication(s) on parent's verbal request. Please do not send medication to school inside student backpacks. All medication should be handed to the school nurse by the parents. In order for the school nurse to administer the medication(s) your child uses regularly, during school hours, a prescription given by the child's doctor is needed.

Respectfully,

School Administration

☐

I permit the school nurse to apply simple creams, gels and ointments to my child in case of insect bites, herpes, muscle aches caused by hits or falls.

☐

For simple symptoms (headaches, fever) painkillers or antipyretics like Paracetamol or Ibuprofen can be administered to my child upon my verbal consent.

☐

I permit the school nurse to administer the following medication(s) to my child if needed.

1.....

2.....

3.....

4.....

☐

According to the severity of the health problem that has occurred, in case the family can not be reached at, with the decision of the School Administration, I permit my child to be transferred to the nearest medical establishment via 112 or the ambulance of the University's Health Center.

Student name-surname :.....

Grade level /Classroom :.....

Parent name-surname :.....

Parent's signature :.....

Date :.....