



**BLIS**

Bilkent Laboratory &  
International School

# İHSAN DOĞRAMACI FOUNDATION BİLKENT LABORATORY & INTERNATIONAL SCHOOL



**2026-2027**

**Middle School Application Booklet**

**Grades 5-6-7-8**



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## **BLIS STUDENT ADMISSION POLICY & PROCEDURES**

### **HOW TO APPLY TO BLIS**

To begin the application process please go to our school website at <https://blis.k12.tr> and click the “Apply for Admissions” and complete the BLIS Online Application Form.

If you have already filled out the online application form please ignore the information above.

### **GRADE 5-6-7-8 ADMISSIONS CALENDAR FOR THE 2026-27 SCHOOL YEAR**

Deadline for Middle School Applications: <b>April 3, 2026</b>
Date for Middle School Assessment Application Fee Deadline: <b>April 9, 2026</b>
Date of Middle School Assessment: <b>April 18, 2026</b>

**The August assessment is on August 21, 2026, if availability remains after the main admissions process.**

### **GENERAL INFORMATION**

Once the BLIS online application form is submitted and the application fee is paid Grade 5-6-7-8 students are invited to an entrance assessment. Entrance Assessments are scheduled to occur in April & August (if there is availability) of each calendar year. Entrance Assessments are used to establish an overall understanding of student competency and determine eligibility for BLIS academic programs. The assessment consists of various assessments. These examinations are used for establishing entrance to the school and for grade placement purposes. The entrance assessment procedures are designed to establish to the best of our ability, those candidates who will be able to successfully access the curriculum that we offer and proceed through the academic program with success. It is the school’s suitability for the individual applicant, rather than the applicant’s suitability for the school, which is of paramount importance throughout the decision-making process. Applications are considered by the Admissions Committee and recommendations made.

According to the Ministry of Education, all students must follow the Turkish national curriculum as well.

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



## **APPLICATION DOCUMENTS**

- 3750 TL (to be deposited in the relevant account below)-(non-refundable)

## **BANK ACCOUNT DETAILS:**

School Name: İHSAN DOĞRAMACI VAKFI ANKARA OKULLARI İKTİSADİ İŞLETMESİ

Bank name: Yapı Kredi Bankası Bilkent Şubesi

Iban: TR770006701000000084389876 (TL)

Evidence of the payment (Bank transfer receipt of the application fee) and the other application documents (below) should be delivered to the Admissions Office by email

[admission@blisankara.org](mailto:admission@blisankara.org) by April 10,2026.

- **Custody Document** We are also kindly asking from our divorced parents to submit a copy of their custody document (custody certificate/guardianship certificate-not the detailed certificate of divorce) for our confidential student files./Ayrıca boşanmış ebeveynlerimizden, öğrenci dosyalarımızda yer alması için velayet belgesinin bir kopyasını (velayet belgesi/vesayet belgesi-detaylı boşanma belgesini değil) getirmelerini rica ediyoruz.
- **Equivalency letter (only for students who come from abroad) (It should be submitted after the student completed the current school year).**

## **SCHOOL TOUR**

For Middle School, we provide school tour arrangements for the families by appointment only.

Please contact Student Affairs Office at +90 312 290 82 49 or via e-mail

[admissions@blisankara.org](mailto:admissions@blisankara.org)

## **MIDDLE SCHOOL ASSESSMENT INFORMATION**

Please click here to see the [MS Entrance Assessment Study Guidelines](#)

## **PUBLICATION OF ASSESSMENT RESULTS**

The school will inform parents of the assessment results and any further placement procedures by e-mail approximately two weeks after the assessment.

**August Assessment** results will be announced in one week's time after the assessment.

## **CONTACT INFORMATION**

**Student Affairs Office**

Telephone: (+90-312) 290 8249

Email: [admissions@blisankara.org](mailto:admissions@blisankara.org)

**Address:**

Bilkent Laboratory and International School



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**\*\*\* IMPORTANT NOTE:** Please note that the following documents are essential for registration, as per the Ministry of Education's requirements. To ensure a smooth start to your child's academic journey, please

**submit all required documents to our Student Affairs Office during registration. Failure to complete and**

**submit these documents may result in automatic registration drop-off two months after the school starts, as the registration process will not be fully completed**

All BLIS Middle School students must submit the following documents to the Student Affairs Office located in the 97 Building to finalize their registration:

**Registration Dates: will be announced.**

\* Please fill in the registration documents with a blue pen. / Lütfen kayıt evraklarını mavi tükenmezkalem ile doldurunuz.

**Registration Documents/Kayıt Evrakları:**

- 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 students and 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.



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4) Parents are required to fill in 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 include their work address and contact information on the form.**

5) **The health form below** must be fully completed, signed and stamped by your child's **private doctor**

Please call our Middle School Nurse, Ms. Selma Çöpcü at +90 312 290 82 16 (selma.copcu@blisankara.org) for your health form queries.

**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.**

6) Copy of Vaccination Card (**Mandatory**).

If the Vaccination Card is not in English or Turkish, a notarized translation in Turkish or English is required.

7) **Health/Consent Form** (Provided below) must be filled in

8) **Divorced** parents are required to submit the custody document (Custody certificate / guardianship certificate) for our confidential student files.

9) **Student Registration Envelope** (attached to the e-mail) must be filled in and signed by one of the parents **with a blue pen**.

10) **Signed, stamped and sealed transcript** of the current school year and the previous school years. (**Original version**)

**A transcript** is an official document that outlines a student's academic record, detailing the courses taken, credits earned, grades received and cumulative grade point average (GPA).



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11) Signed and stamped **report cards for both the current and previous academic years.**

If the documents are not in English or Turkish, a notarized translation in either Turkish or English is required.

12) Signed and stamped **Leaving/Transfer Certificate (original version)** for the students who are either non-Turkish nationals OR Turkish nationals but residing and studying abroad.

**(Leaving/Transfer Certificate is an official verification document detailing the students' academic achievements and date of departure from the current school)**

13) **"Equivalency Document"** is to be provided by the Ministry of Education. This is required for all

**Middle School students (Grade 5-6-7-8) residing and studying abroad.**

The equivalency document verifies that the educational standards achieved by a child studying abroad, align with those of the Turkish education system. The Equivalency Document can be obtained from the Turkish Ministry of Education Consultancy at your nearest Turkish Embassy or Consulate General, or directly from Ankara İl Milli Eğitim Müdürlüğü, based on your nationality. Turkish citizens can visit both, whereas non-Turkish nationals need to visit Ankara Beşevler İl Milli Eğitim Müdürlüğü.

In order to get the "Equivalency Document", you will need to submit the original copies of the following documents:

-The latest signed and stamped Report Card.

-Transcript or Leaving Certificate from the current school.

● **Address of Ankara İl Milli Eğitim Müdürlüğü:** MEB Ankara İl Milli Eğitim Müdürlüğü, Emniyet Mahallesi Gazeteci Yazar Muammer Yaşar Bostancı Caddesi Milli Eğitim Bakanlığı Beşevler Kampüsü D:İ Blok, Yenimahalle/Ankara (Please make an online appointment at [edenklik.meb.gov.tr](http://edenklik.meb.gov.tr) prior to your visit for the equivalency document).

Respectfully,

Melis Tokcaer

Registrar

Bilkent Laboratory and International School

06800 Bilkent, Ankara / TÜRKİYE

Phone : +90 312 2908236

Web : <https://blis.k12.tr/>

E-mail : [melis.tokcaer@blisankara.org](mailto:melis.tokcaer@blisankara.org)

**BLIS****Bilkent Laboratory &  
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<b>ÖĞRENCİ BİLGİLERİ / STUDENT INFORMATION</b>	
Adı / Name	
Soyadı / Surname	
Uyruğu / Nationality	
2.Uyruğu / 2 <sup>nd</sup> 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	

<b>BABA BİLGİLERİ / FATHER'S INFORMATION</b>		
Adı / Name		<b>GLUE THE PHOTO OF THE FATHER</b>  <b>BABANIN FOTOĞRAFINI YAPIŞTIRINIZ</b>
Soyadı / Surname		
Uyruğu / Nationality		
2.Uyruğu / 2 <sup>nd</sup> 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?		

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ANNE BİLGİLERİ / MOTHER'S INFORMATION		
Adı / Name		<b>GLUE THE PHOTO OF THE MOTHER</b>  <b>ANNENİN FOTOĞRAFINI YAPIŞTIRINIZ</b>
Soyadı / Surname		
Uyruğu / Nationality		
2.Uyruğu / 2 <sup>nd</sup> 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		<b>GLUE THE PHOTO OF THE EMERGENCY CONTACT PERSON</b>  <b>ACİL DURUMDA ULAŞILACAK KİŞİNİN FOTOĞRAFINI YAPIŞTIRINIZ</b>
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	




**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**

<b>Genel görünüm</b>				Kabakulak:	Hepatit:	Ülser:
Boy:		Kilo:		Suçiçeği:	Pnomoni:	İdrar Yolu Enf:
<b>Göz problemi</b>				Kızamık:	Tüberkuloz:	İnfeksiyöz 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:		<b>Alerjiler:</b>		
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:				<b>Var ise geçirdiği;</b>		
Psikiyatri Hastalıkları:				Ameliyat:		
				Travma:		
				Hastalıklar:		
				Ciddi Trafik Kazası:		
				Bedensel özür:		
				Diğer Bilgiler:		
<b>Aşılar</b>						
Difteri+Boğmaca+Tetanoz:						
Kızamık+ Kızamıkçık+Kabakulak:						
Çocuk felci:						
NOT: Öğrencinin okul öncesi aşılarına ilişkin belgelerin fotokopilerini forma ekleyiniz.						
<b>MUAYENE YAPAN DOKTORUN</b>						
<b>Adı &amp; Soyadı:</b>						
Adresi:						
Tel:						
Tarih:						

İmza / Kaşe:



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### 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

<b>General Apperance</b>				Mumps:	Hepatit:	Ulcer:
Height:		Weight:		Chicken pox:	Pneumonia:	Urin. Tract inf:
<b>Eye problem</b>				Measles:	Tuberculosis:	Inf. Mon:
Right:	Left:	Eyeglasses:	Lens:	Hay Fever:	Asthma:	Diabetes:
Head:	Nose:	Throat:	Teeth:	Rheumatism:		
Hearing impairment:		Speech impairment:		Chronic illnesses:		
Mouth:		Tonsillitis:		Other:		
Lymph:		Thyroid:		<b>Allergies:</b>		
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:				<b>If applicable;</b>		
Psychiatric diseases:				Surgery:		
				Trauma:		
				Illnesses:		
				Serious traffic accident:		
				Motor disability:		
				Other information:		
<b>Vaccination</b>						
Diphtheria+Whooping cough+Tetanus:						
Measles+Mumps+Rubellak:						
Polio:						
P.S.: Please attach the photocopies of vaccination documents						
<b>THE EXAMINING DOCTOR</b>						
<b>Name &amp; Surname:</b>						
Adress:						
Phone Number:						

Date:

Signature/Stamp:



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### 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 : .....



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### 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 :.....