



# Benjamin Bosse High School

## International Baccalaureate Diploma Programme

1300 Washington Avenue  
 Evansville, Indiana 47714  
 812.477.1661



### Registration Form

(PLEASE PRINT)

Student Name \_\_\_\_\_ School \_\_\_\_\_

Student e-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent(s) e-mail address \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Do you qualify for free/reduced textbooks & have current documents on file? YES \_\_\_\_\_ NO \_\_\_\_\_

Select one:

\_\_\_\_ Full Diploma Candidate

\_\_\_\_ Certificate Candidate

Courses: \_\_\_\_\_

**All registration forms must be returned to the Bosse High School IB Coordinator  
 with a \$25 non-refundable deposit.**

**Registration and Test fee(s) are set by the IBO. The fees are the responsibility of the applicant and non-refundable.**

Any questions should be referred to Mrs. Michele Hays, Diploma Programme Coordinator at 812.435.8888 Ext. 41139 or by email at michele.hays@evsck12.com.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use:</b>			
Deposit _____	Received on _____	IBIS Registration completed on _____	
Tests: Junior year (max of 2):	_____	_____	_____
Senior year (remaining):	_____	_____	_____
	_____	_____	_____