



Application for Admission – Page 1

Received Date	Acceptance Letter	Bus	Bus Stop	Google Account	House	Invoice	Uniform	CCP
___/___/___	___/___/___	Antwerp Brussels 1 Brussels 2 Mechelen			Green Yellow Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office use only

Start date: ___/___/___

Class:

Student Details:

Family name: _____

First Name: _____

Date of birth: d ___/m ___/y ___

Place of birth: _____ Gender: M F

Current Address: _____

City: _____ Postal Code: _____ Country: _____

Nationality(ies): 1. _____ 2. _____

Language(s) spoken at home: 1st _____ 2nd _____

Belgian national registration nr. (Rijksregister nr.): _____

Passport number: _____

Attach
photograph
here

Family details:

Father Step-father Guardian

Mother Step-mother Guardian

First names: _____

First names: _____

Family Name: _____

Family Name: _____

Nationality(ies): _____

Nationality(ies): _____

Mother tongue: _____

Mother tongue: _____

Home number: _____

Home number: _____

Mobile number: _____

Mobile number: _____

Work number: _____

Work number: _____

Father's Employer in Belgium:

Mother's Employer in Belgium:

Name: _____

Name: _____

Address: _____

Address: _____

Position/Title: _____

Position/Title: _____

Email father: _____ Yes No Email mother: _____ Yes No

* Please tick the box above if you would like to receive the schools general emails



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Brothers and sisters:

<u>Name</u>	<u>Sex(M/F)</u>	<u>DOB</u>	<u>Applying to ISBe</u>	<u>Now attending ISBe</u>	<u>Class</u>
_____	___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___
_____	___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___
_____	___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___

Additional information:

Did either parent attend a DYP school or ABS? Yes No which year? _____

How did you hear about ISBe? (please indicate below)

Relocation company Please give name and number: _____

Website Friends Relatives Company referral Other _____

Is tuition fee paid by the employer? Yes No

Educational Details

Last school(s) attended (with most recent listed first)

<u>Name</u>	<u>Public/Private</u>	<u>Dates attended</u>	<u>City</u>	<u>Country</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student interests and hobbies: _____

Current level of study:

- Pre School (3-5years) Primary (6-10years) Middle School (11-14)
 IGCSE (15-16) International Bacculaureate Diploma Programme (16-18)

Other equivalent (please specify) _____

Curriculum Followed:

State or National Curriculum or other (please specify) _____

- IPC Early Years IPC Cambridge Primary MYP
 Cambridge Secondary 1 IGCSE IB Diploma Programme International A Levels





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Language Proficiency

Please note that if your child has had limited English proficiency he/she will receive language learning support

Level of English: Beginner Intermediate Conversational Fluent Native Speaker

Level of Dutch: Beginner Intermediate Conversational Fluent Native Speaker

Other languages: Beginner Intermediate Conversational Fluent Native Speaker

please indicate languages: _____

<p>Has your child received any kind of learning or behaviour support and/or experienced any learning difficulties? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If so, please provide details (i.e. speech therapy, duration etc.) and provide copies if reports from the therapist are available.</p>	
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Subject Choices IB: Refer to ISBe's IB brochure for most up to date subject list.

Full Diploma / IB Subjects (circle one)	
Group 1:	Group 4:
Group 2:	Group 5:
Group 3:	Group 6/Choice from another group:
Notes:	



Medical Details

	Yes	No	Please give details below
Does your child have any current health problems (eg. Asthma, diabetes, epilepsy...)?			
Does your child regularly take a prescription drug?			
Does your child have any known allergies?			
Does your child have any past medical history of illnesses or admissions to hospital that the school and staff should be aware of?			
If any of the following apply please give details?			
- Hearing problems			
- Vision problems			
- Physical disability			
- Special diet (Vegetarian, Lactose or Gluten Free, Vegan, Jain, Kosher, Halal etc) please mention.			
Please indicate here any additional information the school should know about.			

PLEASE PROVIDE WITH APPLICATION A CURRENT COPY OF YOUR CHILD'S VACCINATION PAPERS

* Under Belgian law all children living in Belgium must be vaccinated against **POLIO**

TRANSPORTATION

Please mention the means of transportation to and from school:

Bike Public transport School bus/taxi car

School bus location: Antwerp Brussels Mechelen



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Declaration:

I hereby apply for admission of my child to the D Y Patil International School and have enclosed the following documentation:

- ✓ Copy of child's current passport
- ✓ Completed application form
- ✓ Copies of vaccination papers
- ✓ Previous school report card
- ✓ Recent coloured photo of child
- ✓ Leaving certificate/transfer certificate

- ✓ I give permission for photographs of my child to be taken for marketing purposes (eg: school website, school newsletter, newspaper/magazine articles etc):
 YES NO Comment _____
- ✓ Do you authorise the release of your telephone number to parents of this school?
 YES NO Comment _____
- ✓ Do you authorise the release of your e-mail address to parents of this school?
 YES NO Comment _____

I declare that all the information provided in the application form is true, correct and complete and has been offered freely. I also confirm that if information is found to be incorrect the school reserves the right to withdraw any offer of a place, even after a child has commenced the school. I agree to support the School Behaviour Policy, Uniform Rules and any sanctions that may be deemed appropriate concerning my child/ren. By signing this document I also recognise that I/we are responsible of paying the applicable school fees as stated in the Fee Schedule document, which I/we have received and that non-payment of the fees as per the payment schedule gives the school a right to cancel the enrolment. Furthermore, I hereby authorise the transfer of this information to the school's electronic database.

Parent/Guardian's Signature _____ **Date:** _____