

ISF Waterloo International School

Chaussée de Waterloo 280
1640 Rhode-Saint-Genèse
Belgium

Tel +32 (0)2 358 56 06



APPLICATION FORM

PLEASE INCLUDE A
PHOTO OF YOUR
CHILD HERE

CHILD'S NAME: _____
Family Name
First Name

SEX: MALE FEMALE HOME LANGUAGE: _____

DATE OF BIRTH: _____ OTHER LANGUAGES : _____
Day/MONTH/YEAR

NATIONALITY: _____ BELGIAN REGISTRATION NUMBER : _____

IF NOT CURRENTLY LIVING IN BELGIUM, MAILING ADDRESS UNTIL (DATE) _____ BELGIUM ADDRESS EFFECTIVE FROM (DATE) _____

FOREIGN ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

BELGIAN HOME ADDRESS:

_____ Street address Post Code City

TELEPHONE: _____ CURRENT E-MAIL: _____

Emergency Contact NAME/TEL: _____

MOBILE PHONE FATHER: _____

MOBILE PHONE MOTHER: _____

| | |
|--------|------------------------------------|
| FATHER | NAME: |
| | FIRST NAME: |
| | ADDRESS (IF DIFFERENT FROM ABOVE): |
| | TELEPHONE: |
| | E-MAIL: |
| | BELGIAN NATIONAL N°: |
| | EMPLOYER: |
| | BUSINESS ADDRESS: |
| | BUSINESS TELEPHONE: |
| | BUSINESS E-MAIL: |

| | |
|--------|------------------------------------|
| MOTHER | MAIDEN NAME: |
| | FIRST NAME: |
| | ADDRESS (IF DIFFERENT FROM ABOVE): |
| | TELEPHONE: |
| | E-MAIL: |
| | BELGIAN NATIONAL N°: |
| | EMPLOYER: |
| | BUSINESS ADDRESS: |
| | BUSINESS TELEPHONE: |
| | BUSINESS E-MAIL: |

WHEN IS THE CHILD EXPECTED TO START SCHOOL? _____ EXPECTED NUMBER OF YEARS CHILD WILL ATTEND ISF WATERLOO: _____

IF ENROLLING FOR PRE-SCHOOL, PLEASE INDICATE ATTENDANCE LEVEL TO START: HALF DAY OR FULL DAY
(PRE-SCHOOL IS FOR CHILDREN UNDER 4 YEARS AT START OF THE SCHOOL YEAR) (9:00 TO 12:00) (9:00 TO 15:30)

(CONTINUED ON REVERSE SIDE)

| | | | | | | | |
|------------|------|------------|----------|----|-------|---------|------|
| FOR SCHOOL | PIN | CLASS | HD | FD | BUS | MED.REC | F.A. |
| USE | FPIN | START DATE | LAST DAY | | INST. | | |

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CURRENT SCHOOL : _____
DATES OF ATTENDANCE : FROM _____ TO _____

IF ATTENDED LESS THAN 2 YEARS AT CURRENT SCHOOL, INDICATE PREVIOUS SCHOOL: _____
DATES OF ATTENDANCE: FROM _____ TO _____

Name _____ City/Country _____

FLUENCY IN ENGLISH FLUENT GOOD UNDERSTANDING NEEDS LANGUAGE SUPPORT

FLUENCY IN FRENCH FLUENT GOOD UNDERSTANDING NONE

HAS THE CHILD ATTENDED A SPECIAL NEEDS PROGRAMME OR RECEIVED SPECIALIST LEARNING SUPPORT? NO YES

IF YES, PLEASE INDICATE : _____
(please submit test results – this will enable us to determine the most beneficial course of action for your child)

PLEASE INDICATE ANY MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS WHICH THE SCHOOL SHOULD BE AWARE OF:

(e.g. allergies, physical handicap, medicinal requirements, recent family concerns)

ANY OTHER INFORMATION OR COMMENTS? _____

ENROLMENT IS SUBJECT TO AVAILABILITY. I AUTHORIZE ISF WATERLOO TO CONTACT 3RD PARTIES WITH REGARD TO THIS APPLICATION.

I HEREBY MAKE APPLICATION FOR ENROLMENT AND CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

I HAVE READ AND AGREE TO THE GENERAL CONDITIONS.

NAME (FATHER/MOTHER, PLEASE SPECIFY) _____ BANK ACCOUNT NUMBER: _____

PARENT SIGNATURE : _____ DATE: _____

DO YOU RECEIVE FINANCIAL SUPPORT FROM YOUR EMPLOYER FOR SCHOOL FEES? YES NO

IF AN ORGANISATION ASSUMES RESPONSIBILITY FOR THE PAYMENT OF FEES, THE FOLLOWING MUST BE COMPLETED:

NAME & ADDRESS OF THE ORGANISATION: _____

Street address _____ Post Code _____ City _____ Country _____

Telephone _____ Fax _____ E-Mail _____ VAT N° (if required on invoice) _____

SHOULD INVOICES BE SENT TO THE ORGANIZATION? Yes No FOR THE ATTENTION OF: _____

I HAVE READ AND AGREE TO THE GENERAL CONDITIONS.

THE UNDERSIGNED AGREES TO TAKE FULL RESPONSIBILITY FOR PAYMENT OF SCHOOL FEES (EXCEPT 'MISCELLANEOUS FEES') INCURRED FOR THIS CHILD.

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME (PRINTED): _____

ISF WATERLOO PRESUMES THAT THE PARENT UNDERSTANDS THE LEVEL AND CONDITIONS OF THE FINANCIAL SUPPORT RECEIVED FROM THE ORGANIZATION AND WILL INFORM THE SCHOOL ACCORDINGLY. SPECIAL CONDITIONS TO THE FINANCIAL SUPPORT OR INVOICING REQUIREMENTS MAY BE INDICATED BELOW: