



## Application for Admission

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ class: \_\_\_\_\_

*(Please type or print all the information requested below)*

### **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. \_\_\_\_\_

Main language(s) spoken at home: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Religion: \_\_\_\_\_

### **LANGUAGE LEVEL OF CHILD**

*Please note that if your child has had very limited English education he/she may be eligible for ESL learning*

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:* \_\_\_\_\_

Last school(s) attended (with current school list first)

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

Student interests and hobbies: \_\_\_\_\_

Expected date of enrolment: d \_\_\_\_/m \_\_\_\_/y \_\_\_\_



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### Parent/Guardian 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: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's Employer in Belgium:

Mother's Employer in Belgium:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Is tuition paid by the employer?  Yes  No

### Family details:

#### Brothers and sisters:

<u>Name</u>	<u>Sex(M/F)</u>	<u>DOB</u>	<u>Applying to ABS</u>	<u>Now attending ABS</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 parents attend ABS?  Yes  No which year? \_\_\_\_\_

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

Relocation company  Please give name and number: \_\_\_\_\_

Website  Friends  Relatives  Company referral  Other \_\_\_\_\_



*Application for Admission*

**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			
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**



## Application for Admission

### Declaration:

I hereby apply for admission of my child to the Antwerp British 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

- I declare that the information provided on this form and the enclosed documents is accurate and complete.
- I understand that the inclusion of incorrect and/or the omission of information could lead to your child being withdrawn from his/her place.
- I understand that submission of this application form does not constitute acceptance to the school.
- I understand that my child will be tested upon arrival at the school and the results will be used to place them.
- Before your child starts at ABS he/she must have visited the school and have met the Head of Education.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

FOR ADMIN USE ONLY	
<i>Child's Surname:</i>	<i>Child's first name:</i>
<i>Date received:</i>	<i>Date of entry:</i>
<i>Class:</i>	<i>Full:</i> <input type="checkbox"/> <i>Part time:</i> <input type="checkbox"/> <i>Schol.:</i> <input type="checkbox"/> <i>Fees:</i> <input type="checkbox"/>
<i>ABS Siblings: Class:</i> <i>Name:</i>	<i>Office &amp; date:</i> <i>Datebase:</i>
<i>Accounts &amp; date.:</i>	<i>Invoiced &amp; date:</i>
<i>Invoicing address:</i>	

Stage 2			
<i>Diary:</i> <input type="checkbox"/>	<i>Folder:</i> <input type="checkbox"/>	<i>Log in server:</i> <input type="checkbox"/>	<i>Locker key:</i> <input type="checkbox"/>
<i>House:</i> <input type="checkbox"/>	<i>Welcome letter+ info:</i> <input type="checkbox"/>	<i>Buddy:</i> <input type="checkbox"/>	<i>Timetable:</i> <input type="checkbox"/>