



APPLICATION FOR ADMISSION

DETAILS OF CHILD

Family Name: _____ First Name: _____
Other Names: _____
Date of Birth: _____ Place of birth: _____ Nationality: _____
 Male Female Religion (if any) _____
Address in Brussels: _____
Tel. No.: _____
Which Class did the child COMPLETE last in his/her previous School? _____
Which School System? _____
Name and Address of previous School: _____
 Full days Half days * (* Kindergarten only)

Date of entry to BJAB:

DETAILS OF FAMILY

Parents' Names
Mother: _____ Father: _____
Address in Brussels (if different from child's): _____
Tel. No.: _____
To whom should any correspondence be addressed? _____
E-mail address: _____
Father's Business Address: _____
Tel. No.: _____
Mother's Business Address: _____
Tel. No.: _____
Does your child have any problems, medical or otherwise, that might have an effect on his/her education? If so, please explain: _____

PARENTS ARE REQUESTED TO PROVIDE COPIES OF ALL REPORTS FROM THE PREVIOUS SCHOOL. IF A STATEMENT OF NEEDS EXISTS, THIS SHOULD BE PRODUCED WITH THE APPLICATION FORM, AS SHOULD ANY MEDICAL OR PSYCHOLOGICAL REPORTS. THE SCHOOL RESERVES THE RIGHT TO REQUEST TESTING IF THIS IS DEEMED NECESSARY.

ADMISSION TERMS AND CONDITIONS

I declare to have read all documents pertaining to admission requirements, enrolment procedures and fee schedules. I accept and agree to all the terms and conditions as set forth herein, particularly with regard to the request for previous school records.

Signature of parent or guardian: _____ Date: _____
Signature of School Representative: _____ Title: _____

For office use only. Class into which child is to be admitted: _____

SUPPLEMENTAL INFORMATION SHEET

SURNAME: DATE OF BIRTH:
(day/month/year)

FIRST NAME: MIDDLE NAME:

NATIONALITY:

PARENTS' NATIONALITIES:

Please list names and ages of other children in family:

NAME	AGE	SEX

Please list in chronological order (beginning with most recent) all schools attended, and attach copies of reports received.

Dates (from – to)	Name of school	City & Country	Level Completed	Reason for change

Language skills: Please evaluate the level of proficiency of all languages spoken by your child. Also indicate which languages are spoken at home.

	Excellent	Good	Poor	Not Spoken
Mother Tongue: _____	English			
Also spoken at home: _____	French			
	Dutch			

Other Languages (please specify):	Language	Excellent	Good	Poor

Please indicate any special circumstances the school/teacher should be aware of, for example, particular problems in certain subjects, special circumstances at home, etc.: