



Brussels International Catholic School

(Pre-Primary) Chaussée de Wavre 457

(Primary) Rue Général Leman 86

(Secondary) Rue Froissart 57-59

1040 Bruxelles

Belgique

Tel. Leman +32(0)2-230.02.18

Tel. Wavre +32(0)2-640.35.36

Tel. Froissart +32(0)2-343.85.40

www.bicschool.be – info@bicschool.be

BRUSSELS INTERNATIONAL CATHOLIC SCHOOL

ADMISSIONS

If you are interested in enrolling your child(ren) at our school, please **UPLOAD**, and **FILL IN this APPLICATION FORM** and **send it back** to us to:

- wavre@bicschool.be for Bics **PRE-PRIMARY** School +32 (0)2 640 35 36
- leman@bicschool.be for Bics **PRIMARY** School +32 (0) 2 230 02 18
- froissart@bicschool.be for Bics **SECONDARY** School + 32 (0) 2 343 85 40

*Si vous êtes intéressé(e)s par notre école, veuillez **télécharger** et **remplir ce formulaire de demande d'inscription** et nous **le renvoyer** à l'adresse suivante :*

- wavre@bicschool.be pour l'école **MATERNELLE** +32 (0)2 640 35 36
- leman@bicschool.be pour l'école **PRIMAIRE** +32 (0) 2 230 02 18
- froissart@bicschool.be pour l'école **SECONDAIRE** + 32 (0) 2 343 85 40

For more queries, you may contact / *Pour plus d'informations, vous pouvez contacter:*

PRE-PRIMARY School	PRIMARY SCHOOL	SECONDARY SCHOOL
Chaussée de Wavre, 457	Rue Général Leman, 86	Rue Froissart, 57-59
1040 Brussels	1040 Brussels	1040 Brussels
+32 (0)2 640 35 36	+32 (0) 2 230 02 18	+ 32 (0) 2 343 85 40
wavre@bicschool.be	leman@bicschool.be	froissart@bicschool.be



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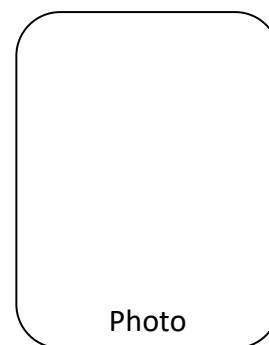
www.bicschool.be – info@bicschool.be

Application Form

(Please type or print)

For School Year 20... / 20...

Requested Start date:



GENERAL INFORMATION

Child's first name: Surname:

Place and date of birth (place): (date):

Nationality:

Current address:

.....
.....

Belgian address: Street..... N°:

Postal code: Town:

Home telephone number:

Mobile phone mother: Mobile phone father:

FAMILY INFORMATION

Father's full name: **First name:**

Nationality:

Employer:..... Position:

Office telephone number:..... E-mail:

Mother's full name: **First name:**

Nationality:

Employer:..... Position:

Office telephone number:..... E-mail:

Names and ages of brothers and sisters

☐ Private Application

☐ Company

EDUCATIONAL INFORMATION

Full name and full address of last school attended:

.....

School's mail, fax or phone:

Dates of attendance at above school:.....

Current school grade at this year:..... Language of instruction:

Has the student repeated a year?

Are there any factors that BICS should be aware of, in order to provide the best educational programme for your child?

.....

Native language:..... Language(s) generally spoken at home:

What is your child's level of **English** based on previous school reports and / or examination results? Please choose from the following list:

☐ No English

☐ Low intermediate (B1)

☐ Advanced (C1)

☐ Beginner (A1-A2)

☐ Strong intermediate (B2)

☐ A native speaker

How many years has your child been studying English at school?

Please add any other information you feel may be relevant to your child's placement in the most appropriate English class at BICS:.....

.....

What is your child's level of **French** based on previous school reports and / or examination results? Please choose from the following list:

☐ No French

☐ Low intermediate (B1)

☐ Advanced (C1)

☐ Beginner (A1-A2)

☐ Strong intermediate (B2)

☐ A native speaker

How many years has your child been studying French at school?

Please add any other information you feel may be relevant to your child's placement in the most appropriate French class at BICS:

.....

Special authorization for the use of your child's data:

I agree that the school uses my child's picture:

☐ Yes, unconditionally

☐ Yes, under the following conditions:

☐ No

Please tell us briefly what your motivation is to choose Brussels International Catholic School:

.....

.....

Signature and date: