

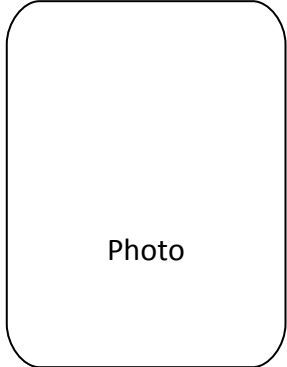


BRUSSELS INTERNATIONAL CATHOLIC SCHOOL

Rue Général Leman, 86 [Pre-primary and primary]
Chaussée de Wavre, 457 [Secondary]
1040 Bruxelles - Belgium
Tel.: + 32 (0)2-230.0218
Fax + 32 (0)2-640.64.23
<http://www.bicschool.be>

Application Form
(please type or print)

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



GENERAL INFORMATION

Applicant's name :

Place and date of birth (place) (date)

Citizenship :

Current address

Belgian address : Street..... N° :

Postal code : Town :

Home telephone number Mobile phone

FAMILY INFORMATION

Father's full name..... **First name**

Citizenship.....

Employer..... Position.....

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

Mother's full name..... **First name**

Citizenship.....

Employer..... Position.....

Office telephone number E-mail : @

Names and ages of brothers and sisters.....

EDUCATIONAL INFORMATION

Full name and full address of last school attended

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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 ?

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Student's native language.....

Language(s) generally spoken at home.....

Other languages spoken by student.....

Signature and date: