



**Brussels
International
Catholic School**
SECONDARY

Brussels International Catholic School

(Secondary) Rue Froissart 57-59

1040 Bruxelles

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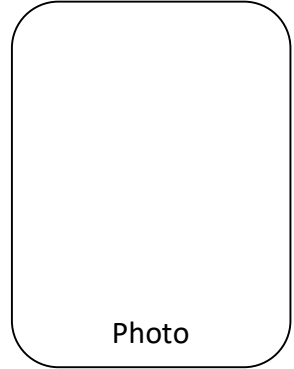
secondary@bicschool.be

www.bicschool.be

APPLICATION FORM

School Year 20.... to 20....

Start date:



GENERAL INFORMATION

Child's Surname: First Name:

Place and date of birth:

Nationality:

Address:

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.....
.....

Home telephone number:

Mobile phone number of parents or legal guardians:

Mother:.....

Father:.....

PARENTS OR LEGAL GUARDIANS

Father's Surname: First Name:

Nationality:

Employer and Job Title:

Work Telephone Number:

E-mail:

Mother's Surname: First name:

Nationality:

Employer and Job Title

Work Telephone Number:

E-mail:

Name and age of siblings, if applicable

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Private Registration (Tuition paid by family)

Professional Registration (Tuition paid, or reimbursed by, employer)

EDUCATION

Name and address of last school attended:.....
.....

School's Email or Telephone:

Dates of attendance at above school:

Current school year: Language of instruction:

Has the student repeated a year?

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

Child's Native Language(s):.....

Language (s) spoken at home:

What is your child's level of **English** based on previous school reports or examination results?

- | | | |
|---|---|---|
| <input type="checkbox"/> No English | <input type="checkbox"/> Low intermediate (B1) | <input type="checkbox"/> Advanced (C1) |
| <input type="checkbox"/> Beginner (A1-A2) | <input type="checkbox"/> Strong intermediate (B2) | <input type="checkbox"/> 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 or examination results?

- | | | |
|---|---|---|
| <input type="checkbox"/> No French | <input type="checkbox"/> Low intermediate (B1) | <input type="checkbox"/> Advanced (C1) |
| <input type="checkbox"/> Beginner (A1-A2) | <input type="checkbox"/> Strong intermediate (B2) | <input type="checkbox"/> 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:

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Why have you chosen to apply to Brussels International Catholic School?

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Signature and date:

Every application is valid for the year stated. A sufficient number of pupils is required for the opening of a class.