



**Brussels International Catholic School**

(Pre-Primary) Chaussée de Wavre 457

(Primary) Rue Général Leman 86

(Secondary) Rue Froissart 57-59

1040 Bruxelles

Belgique

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Tel. Wavre +32(0)2-640.35.36

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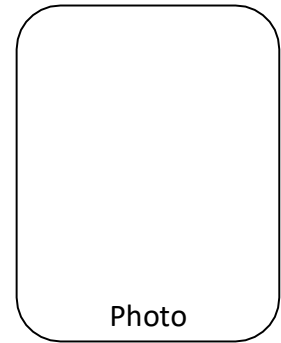
[www.bicschool.be](http://www.bicschool.be) – [info@bicschool.be](mailto:info@bicschool.be)

**Application Form**

(Please type or print)

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

Start date: .....



**GENERAL INFORMATION**

Child's first name:..... Surname:.....

Place and date of birth: .....

Nationality: .....

Current address:

.....

.....

Belgian address: .....

Postal code:..... Town:.....

Home telephone number: .....

Mobile phone (mother):..... Mobile phone (father):.....

**FAMILY INFORMATION**

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

**Father's Surname:** ..... **First name:** .....

Nationality: .....

Employer & Position:.....

Work telephone number:..... E-mail:.....

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

**Nationality:** .....

**Employer:**..... **Position:**.....

**Work telephone number:**..... **E-mail:**.....

**Names and ages of siblings** .....

Private Application

Company

**EDUCATIONAL INFORMATION**

**Full name and address of last school attended:** .....

.....

**School's email or phone:** .....

**Dates of attendance:**.....

**Current school grade:** ..... **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?** .....

.....

**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 you 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:

- |   |   |   |
|---|---|---|
| <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? .....

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 for choosing **Brussels International Catholic School**:

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**Signature and date:**