



STUDENT INFORMATION ACCORDING TO HIS/HER PASSPORT

Family Name of Student	_____	BSN Number	_____
First Name(s)	_____	Middle Name	_____
Gender	F <input type="checkbox"/> M <input type="checkbox"/>	Preferred Name:	_____
Date of Birth (dd-mm-yy)	_____	Mother Tongue	_____
Place of Birth	_____	Language(s) spoken at home	_____
Country of Birth	_____	Main written language(s)	_____
Nationality(ties)	_____	Expected length of stay in NL	_____
Required Entrance Date	_____		

CORRESPONDENCE ADDRESS

Address	_____		
Postal Code	_____	City, Country	_____
Phone	_____	Mobile Phone	_____
E-mail	_____	Fax	_____

STUDENT'S ADDRESS DURING THE PERIOD AT THE INTERNATIONAL SCHOOL OF WASSEHAAR

Address	_____		
Postal Code	_____	City, Country	_____
Phone	_____	Mobile Phone	_____
E-mail	_____	Fax	_____

SIBLINGS - NAME, AGE, ENROLLED IN WHICH SCHOOL

Name	_____	Age	__	School	_____
Name	_____	Age	__	School	_____
Name	_____	Age	__	School	_____

YEAR GROUP REQUESTED

MYP1 <input type="checkbox"/>	OTHER <input type="checkbox"/>	_____
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1. PARENTS/GUARDIANS CONTACT DETAILS

Family Name	_____	Relationship to student	_____
First Name	_____	Nationality	_____
Phone	_____	Mobile Phone	_____
E-mail	_____	Date and place of birth	____ / ____ / ____
Company Name	_____	Occupation	_____
Address	_____	Postal Code	_____
City	_____	Country	_____
Phone	_____	Fax	_____
Mobile Phone	_____	E-mail	_____

2. PARENTS/GUARDIANS CONTACT DETAILS

Family Name	_____	Relationship to student:	_____
First Name	_____	Nationality	_____
Phone	_____	Mobile Phone	_____
E-mail	_____	Date and place of birth	____ / ____ / ____
Company Name	_____	Occupation	_____
Address	_____	Postal Code	_____
City	_____	Country	_____
Phone	_____	Fax	_____
Mobile Phone	_____	E-mail	_____

3. OTHER CONTACT DETAILS

If parents are divorced or separated please indicate legal guardian for your child:

- mother Name of Stepmother _____ *(if applicable)*
- father Name of Stepfather _____ *(if applicable)*
- other Name _____ *(if applicable)*

Address	_____		
Postal Code	_____	City, Country	_____
Phone	_____	Mobile Phone	_____
Email	_____		

EDUCATIONAL INFORMATION

Name of current school	_____	Phone	_____
Name of contact person	_____	E-mail contact person	_____
Address of current school	_____	Postal code	_____
City	_____	Country	_____

Please note: It is school policy to contact the current/previous school of a student applying to study at the International School Wassenaar. By signing this application form you give your permission to the Admissions officer to contact your child's current/previous school.

SCHOOL HISTORY (including pre-school)

Name of School	Language of Instruction	Grade	School Year	Diploma/Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LEARNING SUPPORT

Has your child received support in the following areas? (Please include all formal testing/reports)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> English as an additional language | <input type="checkbox"/> Reading & Spelling | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Speech & Language Therapy | <input type="checkbox"/> Enrichment & Extension | <input type="checkbox"/> Other |
| <input type="checkbox"/> Behavior & Social Skills | <input type="checkbox"/> Concentration & Organizational Skills | |

Please comment on anything else that would assist us in working with your child:

MEDICAL DETAILS

- | | | |
|---|------------------------------|-----------------------------|
| Are there any medical/psychological concerns/issues that the school should be aware of? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is your child currently or periodically taking medication? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is there any reason for your child to have restricted physical activity? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child have any form of allergy? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Were there any Individual Education Plans (IEP's) implemented in the child's previous school? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If any of the above questions is answered with yes, please provide additional information / documents / reports / diagnosis.

PLEASE INFORM ADMISSIONS OF ANY CHANGES TO THIS INFORMATION IMMEDIATELY: R.VERLOOP@RIJNLANDSLYCEUM-RLW.NL

ADMISSIONS REQUIREMENT

Please be aware that an application **will not be processed** for admission unless the application form has been fully completed and all supporting documents, listed below, have been received by the Admissions Office

CHECKLIST:

- A COMPLETED APPLICATION FORM**
- PHOTOCOPIES OF PASSPORT OF APPLICANT**
- PASSPORT SIZE PHOTOGRAPH OF APPLICANT**
- COPIES OF ACADEMIC RECORDS FOR THE CURRENT AND 2 PREVIOUS SCHOOL YEARS (English)**
- FORMAL TESTING/REPORTS ON LEARNING SUPPORT**

HOW DID YOU HEAR ABOUT US?

- Internet Publications Advertisement Friends Other _____

SIGNATURE

- I hereby certify that all information and documents provided with this application is accurate, true and complete and understand that provision of faulty or insufficient information can lead to a reversed admissions decision.
- The International School Wassenaar reserves the right to withdraw an offer of admission (or exclude the student) from the International School Wassenaar at any future date in the event that the information provided is not accurate or important information regarding the student has not been disclosed or has been withheld.
- It is school policy to contact the current/previous school of a student applying to study at the International School Wassenaar. By submitting this application form you give your permission to the Admissions officer to contact your child's current/previous school.
- By signing below I am agreeing that I have read and will abide by the International School of Wassenaar's Standard Terms and Conditions.

Photo release consent:

- School Guides and School Brochures School Website
 (Digital) Newsletter(s) School Social Media Accounts (Twitter, Facebook, Flickr)

Signature of Parent/Guardian _____ Date _____

CONTACT DETAILS

The International School Wassenaar

Physical Address: Backershagenlaan 5
2243 AB Wassenaar
The Netherlands

Postal Address: Postbus 9
2240 AA Wassenaar
The Netherlands

Phone: 070-5110400

Email: r.verloop@rijnlandslyceum-rlw.nl

PLEASE INFORM ADMISSIONS OF ANY CHANGES TO THIS INFORMATION IMMEDIATELY: [R.VERLOOP@RIJNLANDSLYCEUM-RLW.NL](mailto:r.verloop@rijnlandslyceum-rlw.nl)