



# APPLICATION FORM



Family name of Student	_____	BSN Number	_____
First Name(s)	_____	Middle Name	_____
Gender	F / M	Preferred Name	_____
Date of Birth	_____	Mother Tongue	_____
Place of Birth	_____	Language(s) spoken at home	_____
Country of Birth	_____		_____
Nationality(ies)	_____	Main written language(s)	_____
Required Entrance Date	_____	Expected length of stay in NL	_____



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



## Other children in the family

Name		Date of Birth	School
_____	F / M	_____	_____
_____	F / M	_____	_____
_____	F / M	_____	_____



**Year Group Requested**

Gr1  age 4-5    Gr2  5-6    Gr3  6-7    Gr4  7-8    Gr5  8-9    Gr6  9-10    Gr7  10-11    Gr8  11-12



**Parents / Guardians**

**1.** Family Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
First Name \_\_\_\_\_ Nationality \_\_\_\_\_  
Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Education \_\_\_\_\_ Religion \_\_\_\_\_  
Address if different from above \_\_\_\_\_  
Company Name/ Place \_\_\_\_\_ Profession \_\_\_\_\_

**2.** Family Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
First Name \_\_\_\_\_ Nationality \_\_\_\_\_  
Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Education \_\_\_\_\_ Religion \_\_\_\_\_  
Address if different from above \_\_\_\_\_  
Company Name/ Place \_\_\_\_\_ Profession \_\_\_\_\_



**Other (point of) contact in case of emergency**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_



**Educational Information**

Name of current/ previous school \_\_\_\_\_ Phone \_\_\_\_\_  
Name of contact person \_\_\_\_\_ E-mail \_\_\_\_\_  
Address of current school \_\_\_\_\_ Postcal 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 Delft. 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 \_\_\_\_\_



**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"/> Enrichment and extension                |
| <input type="checkbox"/> Speech and language therapy       | <input type="checkbox"/> Concentration and organizational skills |
| <input type="checkbox"/> Behaviour and social skills       | <input type="checkbox"/> Mathematics                             |
| <input type="checkbox"/> Reading and spelling              | <input type="checkbox"/> Other                                   |

Other comments in the interest of the proper care of your child:

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Did your child have any individual education support programme implemented in your child’s previous school?

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**It is the responsibility of all parents to fill in the form as accurately and honestly as possible and to identify any special needs their children may have. For families who fail to do this the school reserves the right to review their decision to admit their child/children.**



### Medical Details

Are there any medical/psychological concerns/issues that the school should be aware of?

Yes  No

Does your child use any medication, currently or periodically?

Yes  No

Is there any reason for your child to have restricted physical activity?

Yes  No

Does your child have any type of allergy?

Yes  No

Other points of interest for the proper care of your child:

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If any of the above questions is answered with yes, please provide available additional information, such as documents, reports and diagnosis.

### 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 two previous school years
- € 250,- registration fee
- Meeting with parents and child(ren) and principal or assistant principal / teacher

#### How did you hear about us?

- Internet       Advertisement       Other \_\_\_\_\_
- Publications       Friends      \_\_\_\_\_

**Bank details**

To be considered for admission to the school please pay the registration fee €250,-.  
In the unlikely event that ISD will not be able to meet the needs of your child and therefore not be able to accept your child at ISD, the registration fee will be refunded.

**Rabobank IBAN NL12RABO 0150 0873 57**

**BIC RABONL2U**

**Laurentius Stichting**

Please state clearly the first and last name of your child and International School Delft.

**Signature**

We often use photographs and other multimedia sources of students undertaking school activities in our brochure, promotional material and on the school website. If you have any objection against this, please let us know.

By signing below you confirm that you have read, and will abide by, our standard terms and conditions and that all information given in this form is true and correct to the best of your knowledge.

**Signature of parents / guardians** \_\_\_\_\_

**Place, date** \_\_\_\_\_

**Contact Details**

**The International School Delft (ISD)**

Jaffalaan 9

2628BX

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E-mail: [isdelft@laurentiusstichting.nl](mailto:isdelft@laurentiusstichting.nl)