



STUDENT INFORMATION

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

CORRESPONDENCE ADDRESS

Address _____	
Postal Code _____	City, Country _____
Phone _____	Mobile Phone _____
E-mail _____	Fax _____
Do you agree to your address being published to the Parents Association and Parent Year representative? YES <input type="checkbox"/> NO <input type="checkbox"/>	

BILLING ADDRESS

<input type="checkbox"/> Home Address	<input type="checkbox"/> Office Address	<input type="checkbox"/> EPO	<input type="checkbox"/> SHELL	<input type="checkbox"/> AGIP
<input type="checkbox"/> Third Party <i>(please describe)</i> _____				
Are school fees: <input type="checkbox"/> Company funded <input type="checkbox"/> Self funded <input type="checkbox"/> Partly self funded <input type="checkbox"/> Funded by another party				

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

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

YEAR GROUP REQUESTED

Pre R  R  Y1  Y2  Y3  Y4  Y5  Y6  Y7  Y8  Y9  Y10  Y11  Y12  Y13

Please inform Admissions of any changes to this information immediately: [ish.admissions@ishthehague.nl](mailto:ish.admissions@ishthehague.nl)

## PRIMARY CONTACT DETAILS

Family Name:	_____	Relationship to student:	_____
First Name	_____	Nationality	_____
Phone	_____	Mobile Phone	_____
E-mail	_____	Fax	_____

## PRIMARY CONTACT COMPANY DETAILS

Company Name	_____	Occupation	_____
Address	_____	Postal Code	_____
City	_____	Country	_____
Phone	_____	Fax	_____
Mobile Phone	_____	E-mail	_____

## SECONDARY CONTACT DETAILS

Family Name:	_____	Relationship to student:	_____
First Name	_____	Nationality	_____
Phone	_____	Mobile Phone	_____
E-mail	_____	Fax	_____

## SECONDARY CONTACT COMPANY DETAILS

Company Name	_____	Occupation	_____
Address	_____	Postal Code	_____
City	_____	Country	_____
Phone	_____	Mobile Phone	_____
E-mail	_____	Fax	_____

## CONTACT DETAILS DOCTOR

Name of Doctor	_____	Phone	_____
Address	_____	Postal Code	_____
City	_____		

Please inform Admissions of any changes to this information immediately: [ish.admissions@ishthehague.nl](mailto:ish.admissions@ishthehague.nl)

## EDUCATIONAL INFORMATION

Name of current school	_____	Phone number	_____
Name of Contact Person	_____	E-mail Contact Person	_____
Address of current school	_____	Postal Code	_____
City	_____	Country	_____

## SCHOOL HISTORY

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

## LEARNING SUPPORT

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> EAL                       | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Emotional/Behavioural |
| <input type="checkbox"/> Speech & Language Therapy | <input type="checkbox"/> Reading             | <input type="checkbox"/> ADD/ADHD              |

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

\_\_\_\_\_

## MEDICAL DETAILS

Does your child suffer from any of the following (please tick all applicable)

- |                                 |                                   |                                     |   |   |                                    |
|---------------------------------|-----------------------------------|-------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Migraines |
|---------------------------------|-----------------------------------|-------------------------------------|---|---|------------------------------------|

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Allergies (please describe) \_\_\_\_\_

Hearing loss  left ear  right ear  partial  profound

Visual Impairment  glasses prescribed  reading  general

Back/Bone/Joint problems *(please describe)* \_\_\_\_\_

Recent operations/ illnesses *(please describe)* \_\_\_\_\_

Special dietary requirements *(please describe)* \_\_\_\_\_

Any additional information, which may affect your child's learning ability or participation in physical education and sporting activities (please describe) \_\_\_\_\_

Please inform Admissions of any changes to this information immediately: [ish.admissions@ishthehague.nl](mailto:ish.admissions@ishthehague.nl)

## ADMISSIONS REQUIREMENT

Please be aware that an application will not be processed for admission until all supporting documents 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 PREVIOUS 3 SCHOOL YEARS (English)
- COPIES OF MEDICAL RECORDS (if applicable)
- €300, - REGISTRATION FEE

## HOW DID YOU HEAR ABOUT US?

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

## BANK DETAILS

To be considered for admission to the school please deposit the Registration Fee €300,-. This fee is non-refundable and only applicable for the year you applied for.

**ING BANK 65.01.05.214**

**Stichting Rijnlands Lyceum Wassenaar inz. ISH**

**IBAN NL14 INGB 0650105214 BIC INGBNL2A**

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

## SIGNATURE

**By signing below you are agreeing 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 Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## CONTACT DETAILS

The International School of The Hague  
Physical Address : Wijndaelerduin 1  
2554 BX The Hague

Postal Address : P.O. Box 52047  
2505 CA The Hague

Phone: 070-3281450  
Fax: 070-3282049  
Email: [ish.admissions@ishthehague.nl](mailto:ish.admissions@ishthehague.nl)

Please inform Admissions of any changes to this information immediately: [ish.admissions@ishthehague.nl](mailto:ish.admissions@ishthehague.nl)