

ENROLMENT FORM



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CHILD'S NAME: _____
Family Name First Name

SEX: MALE FEMALE DATE OF BIRTH: _____
DAY / MONTH / YEAR

NATIONALITY: _____ HOME LANGUAGE: _____

OTHER LANGUAGES: _____

PLEASE INCLUDE A
 PHOTO OF YOUR
 CHILD HERE

IF NOT CURRENTLY LIVING IN BELGIUM, MAILING ADDRESS UNTIL _____ BELGIUM ADDRESS EFFECTIVE _____
 CURRENT ADDRESS: _____
 TELEPHONE: _____ E-MAIL: _____

BELGIAN ADDRESS: _____
Street address Post Code City

TELEPHONE: _____ Emergency NAME/TEL: _____
 FATHER'S MOBILE: _____ E-MAIL: _____
 MOTHER'S MOBILE: _____ E-MAIL: _____

FATHER'S NAME: _____ Last name First name PROFESSION: _____
 EMPLOYER: _____ TELEPHONE: _____
 WORK ADDRESS: _____
Street Address Post Code City

MOTHER'S NAME: _____ Maiden Name First Name PROFESSION: _____
 EMPLOYER: _____ TELEPHONE: _____
 WORK ADDRESS: _____
Street Address Post Code City

EXPECTED START DATE? _____

CURRENT SCHOOL : _____
 CURRENT GRADE: _____

FLUENCY IN ENGLISH FLUENT GOOD UNDERSTANDING NEEDS LANGUAGE SUPPORT
 FLUENCY IN FRENCH FLUENT GOOD UNDERSTANDING NONE

HAS THE CHILD ATTENDED A SPECIAL NEEDS PROGRAMME OR RECEIVED SPECIALIST LEARNING SUPPORT? NO YES

IF YES, PLEASE INDICATE : _____
 (PLEASE SUBMIT TEST RESULTS – THIS WILL ENABLE US TO DETERMINE THE MOST BENEFICIAL COURSE OF ACTION FOR YOUR CHILD)

PLEASE INDICATE ANY MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS WHICH THE SCHOOL SHOULD BE AWARE OF:

FOR SCHOOL USE	CLASS	HD	FD	ACTUAL START DATE
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SIBLINGS :

NAME	DOB

DO YOU RECEIVE FINANCIAL SUPPORT FROM YOUR EMPLOYER FOR SCHOOL FEES? YES NO

(IF NO, PLEASE FILL IN THE STATEMENT OF PERSONAL FINANCIAL RESPONSIBILITY)

PLEASE INDICATE YOUR BANK ACCOUNT DETAILS:

BANK ACCOUNT IN THE NAME OF _____ ACCOUNT N° _____

IBAN : _____ BIC _____

IF SCHOOL FEES SHOULD BE INVOICED TO YOUR EMPLOYER, THE APPROPRIATE DETAILS SHOULD BE COMPLETED AT THE END OF THIS APPLICATION. DO NOTE THAT AN AUTHORISED SIGNATURE IS REQUIRED. INCLUDE ANY SPECIFIC INVOICING REQUEST THAT MAY BE REQUIRED.

ENROLMENT IS SUBJECT TO AVAILABILITY.

I HEREBY ENROLL MY CHILD AND CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

I have read, signed and agree to the General Conditions.

PARENTS SIGNATURE : _____ DATE: _____

(SHOULD THE ABOVE INFORMATION CHANGE, PLEASE CONTACT THE BEPS BUSINESS OFFICE AS SOON AS POSSIBLE)

IF AN ORGANISATION ASSUMES RESPONSIBILITY FOR THE PAYMENT OF FEES, THE FOLLOWING MUST BE COMPLETED:

NAME & ADDRESS OF THE ORGANISATION: _____
Name

Street address _____ Post Code _____ City _____ Country _____

Telephone _____ Fax _____ e-mail _____

VAT N° (if required on invoice) _____

SHOULD INVOICES BE SENT TO THE ORGANISATION? YES NO

FOR THE ATTENTION OF: _____

I HAVE READ AND AGREE TO THE GENERAL CONDITIONS.

THE UNDERSIGNED AGREES TO TAKE FULL RESPONSIBILITY FOR PAYMENT OF SCHOOL FEES (EXCEPT 'MISCELLANEOUS FEES') INCURRED FOR THIS CHILD.

AUTHORISED SIGNATURE: _____ DATE: _____

NAME (PRINTED): _____

BEPS PRESUMES THAT THE PARENT UNDERSTANDS THE LEVEL AND CONDITIONS OF THE FINANCIAL SUPPORT RECEIVED FROM THE ORGANISATION AND WILL INFORM THE SCHOOL ACCORDINGLY.