

Application for Admission Secondary School 2018-2019

Please complete all sections of the application form that are relevant in your child's circumstances. Together with an admissions interview, the information will be used to place your child in the appropriate classes within the school, and indicates what support may be required to help your child settle into the school.

Please put a cross corresponding to the answer chosen

Category I Admissions

Do you work for one of the following institutions and qualify for Category 1 status?

- Europol** **Eurojust** **EPO** **ESA-ESTEC**
- Other European Institute/Agency**, Please state the name _____

All Other Admissions (Category III pupils)

Parents not working for the European Institutions and Agencies qualifying for Category I status must qualify under Dutch law for enrolment into a Dutch state-funded school for international or European education. (See website for eligibility criteria).

A registration fee of €300 is required for all Category III pupils.¹

Bank details for registration fee only

ING Bank Account number: 66.48.48.664
Stichting Het Rijnlands Lyceum, Wassenaar
Inzake: ESH: Name (pupil)
IBAN: NL23 INGB 0664 8486 64
BIC: INGBNL2A

Documents required to support the application form / application checklist:

- a passport/birth certificate of the child or certified copy showing the nationality of the child
- for category I – statement of eligibility for European Schooling
- for category III – proof of eligibility for International Education in The Netherlands
- academic records/reports from the current and at least the previous two school years (in English, French, German or Dutch)
- separated or divorced parents: a copy of the court decision regarding custody of the child
- €300 registration fee, Category III only

Applications cannot be processed until the relevant supporting documents listed above have been received by the school. Formal enrolment cannot take place unless the required documents/statements and completed application form have been submitted together with the registration fee.

¹ Please note that the fee will only be refunded if the School does not have a place available for the pupil and parents do not wish to have them placed on the waiting list for future admission, or if the child cannot be admitted by the School. If a place is offered and parents decline, the registration fee will not be refunded.

Pupil Details

Family name of pupil _____

First name(s) _____

Preferred name _____

BSN number _____

Gender Male Female

Date of birth (dd-mm-yyyy) ____ / ____ / ____

Place of birth _____

Country of birth _____

Nationality _____

In the Netherlands since _____

Expected stay in the Netherlands _____

Required entrance date (dd / mm / yyyy) ____ / ____ / ____

Address during the period at the European School of The Hague

Address _____

Postcode, Town/City _____

Country _____

Telephone _____

Correspondence address (if different from above)

Parent / Guardian Name _____

Address _____

Postcode, Town/City _____

Country _____

Telephone _____

School History to Date²

School year	Class attended	Name of the school / Town / Country
20____/20____	_____	_____
20____/20____	_____	_____
20____/20____	_____	_____
20____/20____	_____	_____
20____/20____	_____	_____

² It is school policy to contact the current/previous school of a pupil applying to study at the European School The Hague. By submitting this application form you give your permission to the School to contact your child's previous school.

Parents/Guardians

Parent 1

Relation to pupil _____

Family name _____

First name _____

Place of birth and nationality _____

Languages spoken _____

Occupation _____

Employer _____

Personnel No (employees of EU institutions only) _____

Work address _____

Postcode, Town/City _____

Work Telephone _____

Mobile Telephone _____

Email _____

Parent 2

Relation to pupil _____

Family name _____

First name _____

Place of birth and nationality _____

Languages spoken _____

Occupation _____

Employer _____

Personnel No (employees of EU institutions only) _____

Work address _____

Postcode, Town/City _____

Work Telephone _____

Mobile Telephone _____

Email _____

Financial Correspondence

Invoices must be sent to (one parent) Father/legal guardian Mother/legal guardian

Person to contact in case of emergency if parents cannot be reached:

Name _____

Relation to pupil: _____

Telephone _____

Pupil's Knowledge of Languages

Language	Years of formal tuition	Level			
_____	_____	<input type="radio"/> Advanced	<input type="radio"/> Intermediate	<input type="radio"/> Beginner	<input type="radio"/> Spoken only
_____	_____	<input type="radio"/> Advanced	<input type="radio"/> Intermediate	<input type="radio"/> Beginner	<input type="radio"/> Spoken only
_____	_____	<input type="radio"/> Advanced	<input type="radio"/> Intermediate	<input type="radio"/> Beginner	<input type="radio"/> Spoken only
_____	_____	<input type="radio"/> Advanced	<input type="radio"/> Intermediate	<input type="radio"/> Beginner	<input type="radio"/> Spoken only

Languages spoken at home: _____

Pupil's mother tongue / dominant language: _____

Level/ Year Requested

- Secondary Year 1 Secondary Year 3 Secondary Year 5
 Secondary Year 2 Secondary Year 4 Secondary Year 6
 Secondary Year 7 (*only for students who are transferring from another European School Network*)

Language Section Requested

- Dutch English French
 (Secondary year 7 - only English language section available)

Language I (Mother Tongue Tuition) Requested

in the Section Language

Or for those pupils who do not have the language section corresponding to their mother tongue, please indicate whether you wish them to attend their mother tongue course:

- German Spanish Italian Finish (S1 only) Slovenian(S1 only)

Other European Language _____
 (*Will only be organised if requested by at least five enrolled pupils within two consecutive year groups*)

Language II (First foreign language) Requested

- German English French

Language III (Second foreign language) Requested – Please indicate your order of preference by writing 1st, 2nd and 3rd beside the languages concerned

- Dutch German Spanish
 English French

Additional Information and Signature

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

YES NO

Is your child currently or periodically taking medication?

YES NO

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

YES NO

Does your child have any form of allergy?

YES NO

Were there any Individual Education Plans implemented in the child's previous school?

YES NO

Is your child in need of additional learning support?

YES NO

If you have answered YES to any of the questions above, Admissions will send you an additional form to complete and return before the application can be processed.

Use of photographs

We occasionally take photographs of our pupils participating in school activities. Please indicate whether you have any objection to us using pictures of your child on our school website, brochures or promotional material.

YES, I object

NO, I do not object

Legally binding

By submitting this form you are agreeing that all information in this form is true and correct and to the best of your knowledge.

I hereby apply for a place for my child at the European School The Hague, *Rijnlands Lyceum*.

Name

Date

Signature both parents

Contact details

The European School The Hague *Rijnlands Lyceum*

Postal address: PO BOX 64833

2506 CE Den Haag

Tel. +31 (0) 70 7001600

Email: admissions@eshthe Hague.nl