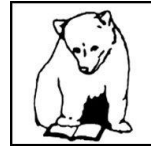


# ENROLMENT FORM



**BEPS**  
INTERNATIONAL  
SCHOOL

E-MAIL: [info@beeps.com](mailto:info@beeps.com)  
Fax: +32 (0)10.40.10.43  
WWW.BEPS.COM

PLEASE INCLUDE A  
PHOTO OF YOUR  
CHILD HERE

CHILD'S NAME: \_\_\_\_\_  
Family Name First Name

SEX:  MALE  FEMALE HOME LANGUAGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OTHER LANGUAGES : \_\_\_\_\_  
Day/MONTH/YEAR

NATIONALITY: \_\_\_\_\_

IF NOT CURRENTLY LIVING IN BELGIUM, MAILING ADDRESS UNTIL \_\_\_\_\_ - BELGIUM ADDRESS EFFECTIVE \_\_\_\_\_

FOREIGN ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BELGIAN HOME ADDRESS: \_\_\_\_\_

Street address Post Code City

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOBILE FATHER: \_\_\_\_\_

MOBILE MOTHER: \_\_\_\_\_ Emergency NAME/TEL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PROFESSION: \_\_\_\_\_  
Last name First name

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

Street Address Post Code City

MOTHER'S NAME: \_\_\_\_\_ PROFESSION: \_\_\_\_\_  
Maiden Name First Name

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

Street Address Post Code City

WHEN IS THE CHILD EXPECTED TO START SCHOOL? \_\_\_\_\_ EXPECTED NUMBER OF YEARS  
CHILD WILL ATTEND AT BEPS: \_\_\_\_\_

IF ENROLLING FOR PRE-SCHOOL, PLEASE INDICATE ATTENDANCE LEVEL TO START:  HALF DAY OR  FULL DAY  
(PRE-SCHOOL IS FOR CHILDREN UNDER 4 YEARS AT THE START OF THE SCHOOL YEAR) (9:00 TO 12:00) (9:00 TO 15:30)

DO YOU RECEIVE FINANCIAL SUPPORT FROM YOUR EMPLOYER FOR SCHOOL FEES?  YES  NO (IF NO, PLEASE FILL IN THE APPROPRIATE FORM)

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

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. (CONTINUED ON REVERSE SIDE)

FOR SCHOOL	CLIENT N°	CLASS	HD	FD	CON	STMT	REC/MED	AMT REC'D	REC'D
USE	PERS N°	START DATE			REC'D PER	MAIL FAX	NET	CA CK BT INV	

CURRENT SCHOOL : \_\_\_\_\_

DATES OF ATTENDANCE : \_\_\_\_\_ TO \_\_\_\_\_

IF ATTENDED LESS THAN 2 YEARS AT CURRENT SCHOOL, INDICATE PREVIOUS SCHOOL:

DATES OF ATTENDANCE: \_\_\_\_\_ TO \_\_\_\_\_

Name \_\_\_\_\_ City/Country \_\_\_\_\_

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:

(e.g. allergies, physical handicap, medicinal requirements, recent family concerns)

ANY OTHER INFORMATION OR COMMENTS? \_\_\_\_\_  
\_\_\_\_\_

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*ENROLMENT IS SUBJECT TO AVAILABILITY. TO ENSURE ENROLMENT OF YOUR CHILD THE APPLICATION WILL BE REFERRED TO ANOTHER BEPS SCHOOL IF THE CLASS IN THE SCHOOL OF APPLICATION IS FULL. I AUTHORISE BEPS SPRL TO CONTACT 3<sup>RD</sup> PARTIES WITH REGARD TO THIS APPLICATION.*

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

*I have read and agree to the General Conditions.*

PARENT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

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***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. SPECIAL CONDITIONS TO THE FINANCIAL SUPPORT OR INVOICING REQUIREMENTS MAY BE INDICATED BELOW:*

\_\_\_\_\_  
\_\_\_\_\_