



ENROLMENT FORM

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WWW.BEPS.COM

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: _____ PROFESSION: _____

Last name

First name

EMPLOYER: _____ TELEPHONE: _____

WORK ADDRESS: _____

Street Address

Post Code

City

MOTHER'S NAME: _____ PROFESSION: _____

Maiden Name

First Name

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	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 _____

ENROLMENT IS SUBJECT TO AVAILABILITY.

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

I HEREBY GIVE MY EXPLICIT CONSENT FOR BEPS TO PROCESS THE PERSONAL DATA PROVIDED ABOVE.

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

DATE: _____

PARENTS NAME : _____

PARENTS SIGNATURE : _____

(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:

INCLUDE ANY SPECIFIC INVOICING REQUEST THAT MAY BE REQUIRED

NAME & ADDRESS OF THE ORGANISATION: _____
Name

Street address _____ Post Code _____ City _____ Country _____

Telephone _____ 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 ANNUAL SCHOOL FEES INCURRED FOR THIS CHILD.

AUTHORIZED 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.