

## Application for Admission Secondary School 2019-2020

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**                       **EPO**                       **GSA**  
 **Eurojust**                       **EMA**                       **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.<sup>1</sup>**

### 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 supporting 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.**

<sup>1</sup> 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 Date<sup>2</sup>

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

<sup>2</sup> 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

### 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     Finnish (S1/S2 only)     Slovenian (S1/S2 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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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 we may use photos where your child is visible, on our school website, brochures or promotional material.

YES

NO,

### 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/We hereby apply for a place for my/our child at the European School The Hague, *Rijnlands Lyceum*.

Name Parent/Guardian 1: \_\_\_\_\_

Signature Parent/Guardian 1: \_\_\_\_\_

Name Parent/Guardian 2: \_\_\_\_\_

Signature Parent/Guardian 2: \_\_\_\_\_

Date: \_\_\_\_\_

### 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@eshtheague.nl](mailto:admissions@eshtheague.nl)