

Application for Admission Early Years and Primary School 2017-2018

Please complete all sections of the application form that are relevant to your child's circumstances. This information will be used to place your child in the appropriate classes within the school, as well as indicate what support may be required to help your child's transition.

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 above mentioned 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 Category III pupils only.¹

Bank details for registration fee only

ING Bank Account number: 66.48.48.664
Stichting Het Rijnlands Lyceum, Wassenaar
Note: ESH PRIM: 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 - employers 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, including day-care/pre-school reports. We will accept (officially translated) reports in English, French, German, Spanish 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 _____

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____	_____	_____

Day-Care/Pre-School Attendance Prior to Admission

20____/20____ _____

² It is school policy to contact the current/previous school/day-care/pre-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) Parent 1/legal guardian Parent 2/legal guardian

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

Name _____

Relation to pupil _____

Mobile Telephone _____

Pupil's Knowledge of Languages

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

Language(s) spoken at home _____

Pupil's dominant language _____

Level/ Year Requested

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> Early Years 1 | <input type="radio"/> Primary Year 1 | <input type="radio"/> Primary Year 3 |
| <input type="radio"/> Early Years 2 | <input type="radio"/> Primary Year 2 | <input type="radio"/> Primary Year 4 |
| | | <input type="radio"/> Primary Year 5 |

Language Section Requested

- Dutch
- English
- French
- Spanish
- German (Nursery 1,2 and Primary 1-3)

Language II (First foreign language) Requested

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> DE | <input type="radio"/> EN | <input type="radio"/> FR |
|--------------------------|--------------------------|--------------------------|

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

- DE (Primary 4 - 5)
- IT
- FI
- GR

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.

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: _____

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