



**INTERNATIONAL  
SCHOOL  
TWENTE**

Staringsstraat 15  
7514 DE Enschede  
The Netherlands

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## Application Form

### Student information

<b>Family name:</b>	<b>BSN Number:</b>
<b>First name:</b>	<b>Preferred name:</b>
<b>Date of Birth:</b>	<b>Gender:     F     M</b>
<b>Place of Birth:</b>	<b>Country of Birth:</b>
<b>Nationality:</b>	<b>Mother tongue:</b>
<b>Language(s) spoken at home:</b>	<b>Main written language(s):</b>
<b>Required entry date:</b>	<b>Expected length of stay in NL:</b>

### Correspondence Address of Parents (at time of application)

**Address:**

**Postcode/City:**

**Country:**

**Phone/Mobile phone:**

**E-mail:**

### Address student/parents during time at IST

**Address:**

**Postcode/City:**

**Country:**

**Phone/Mobile phone:**

**E-mail:**

**1<sup>st</sup> Emergency Contact Details**

<b>Family name:</b>	<b>First name:</b>
<b>Relationship to pupil:</b>	<b>Nationality:</b>
<b>Phone:</b>	<b>Mobile phone:</b>
<b>Work phone:</b>	<b>E-mail:</b>

**2<sup>nd</sup> Emergency Contact Details**

<b>Family name:</b>	<b>First name:</b>
<b>Relationship to pupil:</b>	<b>Nationality:</b>
<b>Phone:</b>	<b>Mobile phone:</b>
<b>Work phone:</b>	<b>E-mail:</b>

**Doctor's Contact Details**

<b>Name:</b>	<b>Postcode:</b>
<b>Address:</b>	<b>City/Country:</b>
<b>Phone:</b>	<b>E-mail:</b>

**Company Contact Details Father**

<b>Name:</b>	<b>Department:</b>
<b>Address:</b>	<b>Postcode:</b>
<b>Phone:</b>	<b>City/Country:</b>
<b>Contact person HR-dept.:</b>	<b>E-mail:</b>

**Company Contact Details Mother**

<b>Name:</b>	<b>Department:</b>
<b>Address:</b>	<b>Postcode:</b>
<b>Phone:</b>	<b>City/Country:</b>
<b>Contact person HR-dept.:</b>	<b>E-mail:</b>

### Educational Background

Name of current school:

Name of contact person:

Address:

Postcode:

City/country:

Phone:

E-mail:

Age group previously placed:

Do we have permission to contact the school?

### School History

Name of school:

Language of Instruction:

School year:

Grade:

### Learning support

Has your child received help in the following areas (please include reports available):

- |  |  |
|--|--|
| <input type="checkbox"/> English as an Additional Language | <input type="checkbox"/> Reading               |
| <input type="checkbox"/> Speech & Language Therapy         | <input type="checkbox"/> Emotional/Behavioural |
| <input type="checkbox"/> Learning Disability               | <input type="checkbox"/> ADD/ADHD              |
| <input type="checkbox"/> Other:                            |  |

### Medical Details

Does your child suffer from any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Hearing impairment                  |
| <input type="checkbox"/> Diabetics                   | <input type="checkbox"/> Visual impairment                   |
| <input type="checkbox"/> Allergies: .....            | <input type="checkbox"/> Special dietary requirements: ..... |
| <input type="checkbox"/> Other relevant information: |  |

## Admission Requirements

Please be aware that an application will not be processed for admission until the school has received all documents.

- A completed application form
- Copy of passport of the applicant
- Copy of academic records for the previous school years (in English)
- Passport size photograph of the student
- € 250 – Registration fee

## Bank Details

**Bank:** ING -bank  
Boulevard 1945 – 1  
7511 AA Enschede

**Account number:** 67.91.58.898  
attn. Consent/International School Twente  
(Please state name of student & ‘reg. fee’)

**IBAN:** NL22INGB0679158898  
**BIC:** INGBNL2A

## Signature

By signing below you are agreeing that:

- you have read, and will abide by, our Terms of Registration and Admission (including all school fee obligations);
- and that all information given in this form is true and correct.

Signature of parent / Guardian

Date

## How did you hear about us?

- |   |   |
|---|---|
| <input type="checkbox"/> Internet           | <input type="checkbox"/> Publications       |
| <input type="checkbox"/> Employer           | <input type="checkbox"/> Advertisement      |
| <input type="checkbox"/> Relocation service | <input type="checkbox"/> Friends/colleagues |
| <input type="checkbox"/> Other:             |   |

## Contact Details

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