



International  
School of  
Leuven

Geldenaaksebaan 335  
BE- 3001 Heverlee  
admissions@isleuven.org  
www.isleuven.org



**APPLICATION FORM ISL 2022-2023**

GENERAL

Child's name \_\_\_\_\_  
Last name Middle name First Name

Preferred name to be used in school \_\_\_\_\_

Date of birth \_\_\_\_\_ Place and country of birth \_\_\_\_\_  
Day/Month/Year

Gender \_\_\_\_\_ Nationality \_\_\_\_\_

EDUCATIONAL PROFILE

Proposed date of entry to ISL \_\_\_\_\_

First language \_\_\_\_\_ Other languages \_\_\_\_\_

Level of English at time of application: beginner – intermediate – advanced - native

Previous school name _____ Head of School's name _____ Telephone _____ Most recent grade completed _____
Previous school name _____ Head of School's name _____ Telephone _____ Most recent grade completed _____
Previous school name _____ Head of School's name _____ Telephone _____ Most recent grade completed _____

CONTACT

Home country address \_\_\_\_\_

\_\_\_\_\_

Belgian home address (if known already) \_\_\_\_\_

\_\_\_\_\_

Family email to be used in school communication: \_\_\_\_\_

<b>Parent/Guardian</b>
Name _____
First Name _____
Nationality _____
Telephone/mobile _____
Email _____
Employer _____
Business title _____
Employer's address _____ _____

<b>Parent/Guardian</b>
Name _____
First Name _____
Nationality _____
Telephone/mobile _____
Email _____
Employer _____
Business title _____
Employer's address _____ _____

MEDICAL INFORMATION

Does your child have a medical condition which may affect his/her performance and participation in school life. If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been recommended for speech and language therapy. Yes:  No:

Known allergies \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_