



International  
School of  
Leuven

Tervuursesteenweg 282  
BE- 3001 Heverlee  
admissions@isleuven.org  
www.isleuven.org



**APPLICATION FORM ISL 2023-2024**

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: \_\_\_\_\_

Parent/Guardian	Parent/Guardian
Name _____	Name _____
First Name _____	First Name _____
Nationality _____	Nationality _____
Telephone/mobile _____	Telephone/mobile _____
Email _____	Email _____
Employer _____	Employer _____
Business title _____	Business title _____
Employer's address _____	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 \_\_\_\_\_