



International
School of
Leuven



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

APPLICATION FORM ISL 2024-2025

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
Name _____
First Name _____
Nationality _____
Telephone/mobile _____
Email _____
Employer _____
Business title _____
Employer's address _____ _____

Parent/Guardian
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 _____