

Invoicing & Payment Information

Please indicate (tick) to whom invoices should be addressed	Father	Mother	Carer	Company
Please indicate to whom the Refundable Deposit should be reimbursed	Father	Mother	Carer	Company
Will you require school transportation? Yes ____ No ____ If yes, please complete the Bus Service Form included.				
<p>This section of the form MUST be signed by the parent confirming to whom refund of the deposit should be paid. If this section is not signed the deposit will automatically be refunded to the fee paying company.</p> <p style="text-align: center;">Signature:</p>				
If fees are paid by your company, please advise a financial/personnel contact name and telephone number.				

Parent's / Carer's Details

Father				
Surname		First Name		Middle Name
Nationality		Passport No		Type of Visa
Company		Position/Title		
Home Address and telephone		Type of business		
		Mobile		
		Work Telephone		
		e-mail address		
<i>Tick here if child resides at this address</i> <input type="checkbox"/>				
Mother				
Surname		First Name		Middle Name
Nationality		Passport No		Type of Visa
Company		Position/Title		
Home Address and telephone		Type of business		
		Mobile		
		Work Telephone		
		e-mail address		
<i>Tick here if child resides at this address</i> <input type="checkbox"/>				
Carer <small>(must be completed if child is not living with parents)</small>				
Surname		First Name		Middle Name
Nationality		Passport No		Type of Visa
Address <small>(please indicate if home or office address)</small>		Relationship to Student		
		Telephone office/home		
		Mobile		
		e-mail address		

Required Documents : Educational Report (onderwijskundig rapport)

CITO-LVS

Class report of previous year

"Bewijs van uitschrijving"

Parental / Carer Declaration

In making this application I/we undertake and agree:

- Completion of this form **DOES NOT** guarantee an offer of a place in the school, and that if any information concerning your child's education is withheld prior to admission the school reserves the right to reassess (at any given time) your child's place within the school;
- To declare any previous application made to NCBIS on behalf of our child. We understand that failure to declare a previous application will render our child's place at NCBIS terminated.
- To provide a copy of my/our child's most recent school report at the time of assessment and to pay a non-refundable Assessment Fee prior to assessment;
- To pay any additional English as Additional Language (EAL) expenses should our child require this extra tuition;
- Invoices are issued in the name of parents and that all fees, examination and other costs including any penalties for late payment are payable by the Parent, even if fees are reimbursed to the parent(s) by a company or third party;
- To pay a non-refundable Registration Fee prior to the student's first day of school;
- At least one (1) parent **MUST** become a member of the Heliopolis Society for the Social and Cultural Care of English Speaking Foreigners (*the fee will be included in your first invoice and annually thereafter*);
- To pay all fees prior to the commencement of the School Term. Payments not made by the 15th day of the term will attract a penalty fee equal to 20% of the total fees outstanding;
- That failure to give at least half a term's notice of a pupil leaving NCBIS may result in a penalty equivalent to ½ term's fees.
- If offered a place at NCBIS, my child will participate in all normal educational activities, including but not limited to PE and sports activities, scientific and other experiments, swimming lessons, educational visits and outings.

Indemnity

- I/we hereby indemnify NCBIS against all claims arising from any injury to my child, or damage to the property of my child, whilst participating in any school activity, while on school property, or while travelling to or from school.
- I/we understand and agree that in an emergency NCBIS will make every effort to contact the parents/guardian. If this is not possible the pupil will be taken either to his/her doctor or to a hospital approved by the school for treatment.
- I/we understand and agree that the Registration Fee is NON-REFUNDABLE.

I have read and agree to the contents of the Parental/Carer Declaration			
	<i>Signature</i>	<i>Name (print please)</i>	<i>Date of Application</i>

Your assistance by completing the table below will help us greatly in our market research			
Please indicate/tick ✓ the relevant box			
Web site		Publication	Yellow Pages
Parent		Recommendation	Other (please specify)

For Administrative Use Only

Place Offered in Year:	Head of Dutch Signature:	Assessment Fee Paid	Finance Manager Initials:
Place Not Offered		Verification (Phoenix)	
	Date:	Bus/Society Check	
Offer accepted by parents/carers		Invoice Raised	
Offer Rejected by parents/carers	Date:		Date: