

Registration form

PERSONAL INFORMATION PUPIL

Surname _____
First name(s) _____

Nickname _____
Gender M / F _____
Date of Birth _____ (dd-mm-yy)
Place of Birth _____
Sofinumber(Social Security) / BSN _____
Education number _____
Religion _____
First nationality _____
Second nationality _____
Cultural Background (country) _____
Country of origin (tbv Cfi) _____
Date of arrival in Netherlands _____ (dd-mm-yy)
Country of origin father _____
Country of origin mother _____

Declaration 1

I hereby declare that my child is currently not registered at a professional care / assessment bureau. Yes / No

Declaration 2

I hereby declare that I have not withheld any information concerning the care of my child. Yes / No

Declaration 3

I hereby **give/deny** my permission for the publication of photos and/or video recordings on the website, schoolguide and educational

OBS Passe-Partout

Education parent/guardian 1 Primary school / special need edu
 High school
 Higher education
Education parent/guardian 2 Primary school / special need edu
 High school
 Higher education

Early Educational Program / pre-primary school yes / no

Name of pre-primary school _____

If transferring from another school:

Name of school _____

Place of school _____

Attending school since _____

DOCTER AND MEDICAL INFORMATION

Surname doctor _____

Address _____

Place _____

Healthinsurer _____

policynumber _____

Use of medicine Yes / No

If yes, which medicine _____

Allergies _____

Products the pupil may not have _____

PERSONAL INFORMATION PARENT/LEGAL GUARDIAN 1**PERSONAL INFORMATION PARENT/LEGAL GUARDIAN 2**

Surname _____

Initials _____

Gender M / F _____

Relation to pupil father / mother / ... _____

Date of birth (dd-mm-yy) _____

Place of birth _____

Occupation _____

highest completed education _____

Name of employer _____

Telephone work _____

Telephone mobile _____

Marital status _____

Streetname and number _____

Postal code _____

Place _____

Telephone home _____

Telephone home to remain confidential Yes / No _____

E-mail _____

Surname _____

Initials _____

Gender _____

Relation to pupil _____

Date of birth _____

Place of birth _____

Occupation _____

Education _____

Working at firm _____

Telephone work _____

Telephone mobile _____

Marital status _____

If different to parent/guardian 1:
Streetname and number _____

Postal code _____

City _____

Telephone home _____

Telephone home private _____

E-mail _____

SIGNATURES

Signature parent/guardian 1 _____

Signature parent/guardian 2 _____

Date of application (dd-mm-yy) _____

Family

number of children in family _____

Position of child in family _____

Emergency contact name and number _____

further comments _____

after approval of the principal.

cation

cation

(dd-mm-yy)

tional articles for the school.

M / F

father / mother / ...

(dd-mm-yy)

Yes / No

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