

Registration of pupil

Information about the child

To be completed by office only: Class applying for: _____ Admitted: _____ Denied: _____

Family name : _____ Date of Birth: ____/____/____ (dd/mm/yy)
 First name(s) : _____ Gender: boy/girl
 Present Address : _____
 Postal code : _____
 Town : _____ Country: _____

Address in the Netherlands : _____
 Postal code : _____
 Town : _____
 Telephone home : _____
 mobile telephone : 1 _____ 2: _____
 email address : _____

Nationality : _____ Religion: _____
 Place of birth : _____
 Native country : _____

Start date at UWCM : ____/____/____ (dd/mm/yy)
 Date arrival in Netherlands : ____/____/____ (dd/mm/yy)
 Expected length of stay : ____/____/____ (dd/mm/yy)

SCHOOL HISTORY

In education since : ____/____/____ (dd/mm/yy)
 Last school attended (name) : _____
 (address) : _____
 country : _____
 Last class attended: _____

<u>School year</u>	<u>Age of child</u>	<u>Class</u>	<u>Name and place of school</u>
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____

ADDITIONAL INFORMATION

Is your child currently receiving support for:

Learning Speech Therapy Occupational Therapy Social/Emotional Development

In addition to providing an educational report from your child's last school, please detail below any academic information about your child which you feel is important for us to know i.e. strengths, weakness, learning difficulties etc;

Child's mother tongue: _____ Language spoken at home: _____

Possible additional language: _____ How many years of English : _____

Fluency in English: fluent good reasonable poor none

Does your child have special interest in:

Art Drama Sports Computers Scouts Instrumental Vocal

My child is toilet-trained: yes no

SIBLINGS

Any brothers or sisters either at this school or expected to start soon:

_____ age _____ / _____ age _____ / _____ age _____

MEDICAL INFORMATION

Does your child suffer from any allergies yes no

if yes, what are they? _____

Does your child suffer from epilepsy? yes no

Does your child have any hearing problems? yes no

Does your child have any sight problems? yes no Are glasses worn? yes no

Details of any other conditions the school should be aware of :

Medicine to be used (in school if necessary): _____

Medical reason : _____

Name family doctor: _____

address: _____

telephone: _____

EMERGENCY CONTACT NR

(This will be used in the event of an emergency if the school is unable to contact either parent)

Name of person: _____ Telephone nr: _____ Relation: _____

INFORMATION ABOUT THE PARENTS:

	Father:	Mother:
Name and Initials	: _____	: _____
Address	: _____	: _____
Postal code	: _____	: _____
Town	: _____	: _____
Country	: _____	: _____
Date of birth	: ____ / ____ / ____ (dd/mm/yy)	: ____ / ____ / ____ (dd/mm/yy)
Native country	: _____	: _____
Nationality	: _____	: _____
Marital status	: _____	: _____
Liabile (responsible)	: <input type="text" value="yes/no"/>	: <input type="text" value="yes/no"/>
Profession	: _____	: _____
Employer's name	: _____	: _____
address	: _____	: _____
telephone	: _____	: _____

Quotation of article 7 of "Het bekostigings besluit WBO" (=Dutch Primary School Law)

1. Every parent has the right to check and correct any data in the pupil administration database concerning their child.
2. Management is not permitted to pass this information to any person, other than those who are legally authorized to access data in the school's administration system, without prior parental permission.

As stated in the admission policy, if relevant information is withheld and the school is not completely or incorrectly informed, the child may be removed from school.

I am aware of the fee the school charges and agree to terms and conditions as set out in fee-agreement.

Parental signature _____ **Date** ____ / ____ / ____ (dd/mm/yy)

in the event of an accident or illness, if it has been impossible to contact me/us, permission is given for a member of staff to take my/our child to the doctor's or the hospital and to authorise medical treatment should it be necessary.

NAME OF PARENT _____

SIGNATURE _____ **Date** ____ / ____ / ____ (dd/mm/yy)