

Student registration form Part 1

Information about the child

Citizen service number (BSN)		
Supporting document	<input type="checkbox"/> - The parents provided the child's passport/identity card/a copy of the child's birth certificate plus BSN number with the registration form, for verification purposes <input type="checkbox"/> - A copy of the birth certificate/personal list with BSN number, received from the municipality after the birth of a child (you are not required to submit an extract from the municipal personal records database)		
First name			
Surname			
Gender	<input type="checkbox"/> m <input type="checkbox"/> f		
Date of birth			
Postcode		Town/city	
Street name + house no. + any other letters or numbers			Confidential <input type="checkbox"/> no <input type="checkbox"/> yes
Home tel. no. Tel. no. parent/carer 1 Tel. no. parent/carer 2 Any extra tel. no. (e.g. babysitter, grandmother or grandfather)			Confidential <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes of:
Country of birth			
Nationality 1 Nationality 2			
If applicable, in the Netherlands since			

Denomination (religion)			
Language spoken at home			
Lives in COA accommodation Lives in a home, shelter or hostel	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes		
One-parent family	<input type="checkbox"/> no <input type="checkbox"/> yes, child lives with		
Parents are	<input type="checkbox"/> married <input type="checkbox"/> cohabiting <input type="checkbox"/> divorced, co-parenting <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not cohabiting, co-parenting <input type="checkbox"/> yes <input type="checkbox"/> no		
Brothers and/or sisters	Name	m/f	date of birth
Comes from Address of playgroup/daycare centre/school Tel. no.	<input type="checkbox"/> playgroup name: <input type="checkbox"/> daycare centre name: <input type="checkbox"/> other school name: group:		
Does your child have a VVE indication?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Has your child participated in a VVE programme after obtaining a VVE indication?	<input type="checkbox"/> yes if yes, which programme: <input type="checkbox"/> no for how many months:		
I agree to a transfer from playgroup/daycare centre/previous school	<input type="checkbox"/> yes <input type="checkbox"/> no		

Parent(s)/carer(s)

	Parent/carers 1	Parent/carers 2
Gender	<input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/> m <input type="checkbox"/> f
Initials		
Surname		
Relationship to child		
If different to child Postcode + town/city Street name + house no. Place name		
E-mail address		
Date of birth		
Country of birth and, if applicable: in the Netherlands since		
Nationality or nationalities		
Refugee status	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Additional questions for parent(s)/carer(s)

	Parent/carer 1	Parent/carer 2
Is this your first year in the Netherlands?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does one of the parents run a shipping company, or has one of them run a shipping company in the past, and is the student living with a foster family or in a boarding school?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Are the parents occupational travellers, as referred to in the Dutch Occupational Travellers (Primary Education Act) Decree (Bulletin of Acts and Decrees 1985,456), not including the situation referred to in the question above?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was one of the parents born in: - Greece, Italy, former Yugoslavia, Spain, Portugal, Cape Verde, Morocco, Turkey or Tunisia? - Suriname, Netherlands Antilles or Aruba? - A non-English-speaking country, outside Europe, excluding Indonesia?	<input type="checkbox"/> yes <input type="checkbox"/> no from:	<input type="checkbox"/> yes <input type="checkbox"/> no from:
Is the student part of the Moluccan population group?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Has one of the parents been admitted to the Netherlands as a fugitive on the basis of Section 15 of the Aliens Act (residence permit for asylum seeker)?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Are there any aspects of your child's development that could be important for the school to know?

Registration form Part 2

Additional information about the child

We need this information for the purpose of 'Tailored Education'. It will help us assess whether a meeting is necessary in the short term or could be scheduled later in the school year. You will be told when a meeting with you will be scheduled within 6 weeks of the date on which the registration is received.

Development information

Are there any problems with your child's speech development?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child like to read stories or have stories read to him/her?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child (probably) have dyslexia? (a reading and/or spelling disorder)	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, - when was this diagnosed? - who assessed your child? - what makes you suspect dyslexia?	
Do other members of your family have dyslexia?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, who?	
Does your child (probably) have dyscalculia? (a mathematics disorder)	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, - when was this diagnosed? - who assessed your child? - what makes you suspect dyscalculia?	
Do other members of your family have dyscalculia?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, who?	
Is your child (probably) highly intelligent?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, - when was this diagnosed? - who assessed your child? - what makes you think he/she is highly intelligent?	
Are other members of your family highly intelligent?	<input type="checkbox"/> yes <input type="checkbox"/> no

If yes, who?	
Does your child (probably) have AD(H)D?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, - when was this diagnosed? - who assessed your child? - what makes you suspect AD(H)D?	
Do other members of your family have AD(H)D?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, who?	
Does your child (probably) have autism?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, - when was this diagnosed? - who assessed your child? - what makes you suspect autism?	
Do other members of your family have autism or related personality disorders)?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which and who has it or them?	

Medical information

General practitioner: - name - address - town/city - tel. no.	
Does your child have any allergies? If yes, which allergies?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have any physical illnesses or limitations that the school should know about?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which illness or limitations?	
Has your child ever been admitted to hospital in the past? For illnesses or accidents, etc. that have	<input type="checkbox"/> yes <input type="checkbox"/> no

impeded or are continuing to impede his/her learning process.	
If yes, which of the above apply?	
Has your child had any (medical) examinations?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, - which examinations? - when? - by whom?	
Is your child being treated by a (medical) specialist or has he/she been treated by a (medical) specialist in the past?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, who? - why? - from when to when? - name of practitioner - tel. no.	<input type="checkbox"/> paediatrician <input type="checkbox"/> physiotherapist <input type="checkbox"/> speech therapist <input type="checkbox"/> other:
Is it possible that your child will need medical care during school hours (injections, etc.)?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which medical care? <i>If you answer yes, please request a copy of the <i>Protocol Medisch Handelen</i> (medical care protocol) from the school</i>	
Has your child had special support from CJB, BJB, Stichting MEE, Consultatiebureau, GGD, Bureau Jeugdzorg, etc.?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which organisation provided the support?	
Are you concerned about your child and/or about his/her development?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, why and/or what are you concerned about?	
Do you expect your child to need extra help or support at school?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes,	

<ul style="list-style-type: none">- why do you expect this?- which extra support?	
<p>Please add any other additional comments or details that will be important for the school</p>	

Registration form Part 3

I am familiar with the admission procedure described in the correspondence attached	<input type="checkbox"/> yes <input type="checkbox"/> no
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Privacy statement

PRODAS schools

- will never provide information about students to persons or organisations outside the school without your consent
- will only use photographs or video footage made by the school in a school context and/or in school publications
- will ensure that the school website only shows general and positive photographs and footage of the school and its users
- will ensure that internet and e-mail use is subject to supervision and strict rules, as stated in the school handbook or on the website. It will do this to make sure that the children are protected

By signing this registration form,

- you, as the parent(s) and/or carer(s), confirm that you will handle the data and materials of the users of the school very carefully and in the spirit of the rules above
- you confirm that you have provided all the information above truthfully

Checks and signature

- Check that parts 1, 2 and 3 of this registration form have been completed in full
- Complete the form in Attachment 1 in full

This registration form must be signed by both parents.

Does this apply if you are divorced or do not live together?

- If you are co-parenting, both parents must sign.
- In all other cases, the parent/carer with whom the child lives must sign

Town/city, date: Signature of parent/carer 1	town/city, date: signature of parent/carer 2
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The school will only be able to consider offering your child a place if the forms have been completed in full.

Attachment 1 to the registration form

STATEMENT

Consent to procedure to be implemented if your child becomes ill at school

It is possible that your child becomes ill, sustains an injury or is bitten by an insect, etc. during school hours. In such a situation, the school will always contact the parents, carers or another person designated by them. On very rare occasions, it may not be possible to contact any of the above. When this happens, the teacher will carefully consider whether your child should be given a 'simple' painkiller or needs to see a doctor. If you agree to the above, please complete this form.

The undersigned agrees to the implementation of the procedure above for:

Name of student	
Date of birth	
Street name and house number	
Postcode and town/city	

Name(s) of parent(s)/carer(s)	
Home tel. no.	
Mobile tel. no.	
Work tel. no.	

Name of general practitioner	
Tel. no. of general practitioner	

Person to be alerted if the parent(s)/carer(s) cannot be contacted

Name	
Home tel. no.	
Mobile tel. no.	

Work tel. no.	
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Attachment 1 - Page 2

My child is hypersensitive to the following:

Medicines	
Disinfectants	
Insect-bite creams, etc.	
Plasters	
Other	
Anything not already mentioned above	

If any of the information above changes, please inform school management as soon as possible.
It is very important that this information is always up-to-date.

Signature:

Town/city, date:

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