

# de Teldersschool

openbare school voor basisonderwijs



## Applicationform new pupil

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Burgerservicenummer \_\_\_\_\_ (please add copy – if available – of the local authority)

Surname \_\_\_\_\_

Initials \_\_\_\_\_

First name (nickname) \_\_\_\_\_

Christian names \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_

Postal code and residence \_\_\_\_\_

Telephone \_\_\_\_\_ Country \_\_\_\_\_

Nationality 1 \_\_\_\_\_ Secret nbr.  yes  no

Nationality 2 \_\_\_\_\_ Brothers/sisters at school: \_\_\_\_\_

Place of birth \_\_\_\_\_ Home \_\_\_\_\_

In the Netherlands since (date) \_\_\_\_\_ Native \_\_\_\_\_

Family doctor \_\_\_\_\_ Religion \_\_\_\_\_

Dentist \_\_\_\_\_ Tel.nr. \_\_\_\_\_

\_\_\_\_\_ Tel.nr. \_\_\_\_\_

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### Data about former school

Name of the school \_\_\_\_\_ Kind of \_\_\_\_\_

Address and postal code \_\_\_\_\_ residence \_\_\_\_\_

Telephone number \_\_\_\_\_

Date last day at this school \_\_\_\_\_

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Is your child having speech therapy?  yes  no

If yes, since (date) \_\_\_\_\_

Is your child having physiotherapy?  yes  no

If yes, since (date) \_\_\_\_\_

Additional (medical) information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicationform new pupil Obs Telders (page 2)

	Parent 1	Parent 2
Surname and initials	.....	.....
Relation to the child (father,	.....	.....
Civil class	.....	.....
Responsible parent	.....	.....
Address	.....	.....
Postal code and residence	.....	.....
Telephone number	.....	.....
Mobile phone	.....	.....
E-mailaddress	.....	.....
Date of birth	.....	.....
Native country	.....	.....
Nationality	.....	.....
Religion	.....	.....
Highest level of education	.....	.....
Finished with certificate	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
(* if not, until wich class you followed the education?)	.....	.....
Name of the school where you got the certificate	.....	.....
Place/country of the school where you got the certificate	.....	.....
Year in which the certificate was obtained	.....	.....
Profession	.....	.....

One parent situation?  yes  no

Extra telephone number

Belongs  
to

I certify that I have completed this form thruthfully

Date

Name parent 1

Signature

Name parent 2

Signature

