

de Teldersschool

openbare school voor basisonderwijs



Applicationform new pupil

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. _____

Data about former school

Name of the school _____ Kind of _____

Address and postal code _____ residence _____

Telephone number _____

Date last day at this school _____

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:

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	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

