

## Registration form primary school

This registration form consists of 4 pages and attachment(s)

1. Information primary school Name primary school/* Date first schoolday Applying for group Year *	0/1/2/3/4/5/6/7/8
2. Personalia pupil Surname Prefix(es) First name() Middle name Gender Date of birth (dd-mm-yyyy) Place of birth Citizen Service Number (BSN)¹ School registration nr. (If no BSN available) Religion First nationality Second nationality (if applicable) Date in The Netherlands (dd-mm-yyyy) Refugee status	M/F  Yes/No
3. Pre-school programmes Attended day nursery Name and place of day nursery VVE participation <sup>2</sup> Name VVE programme* VVE period*  4. Previous school (if applicable)	Yes/No Yes/No e)
Name previous school Place previous school Attends school since (dd-mm-jjjj)	
5. Brother/Sister  Does the pupil have a brother or a sister on this school?	Yes/No

<sup>&</sup>lt;sup>1</sup>You can find the BSN number of your child for example on:

<sup>-</sup> the official document required from the authorities;

<sup>-</sup> the child's passport or identity card;

<sup>-</sup> official copy of a civil status record

<sup>-</sup> One of the above-mentioned documents is required to check validity

<sup>&</sup>lt;sup>2</sup> VVE stands for pre-school and early education. The Dutch government invests time and money in pre-school and early education. Children can be supervised in such a way to prevent falling behind in education.



### 6. Parent(s)/guardian(s)

Following information is required by The Ministry of Education, Culture and Science:

	rsonalia Parent/Gu	ardian 1 (address pupil in case of divorce)
Surname		
Prefix(es)		
First name		
Initials		
Gender	M/F	
Relation to pupil	father/n	nother/
Date of birth		
Place of birth		
Country of birth		
Refugee status	Yes/No	
Profession		
Mobile number		
Telephone number	work	
Marital status		
Joint custody in case	of divorce Yes/No	
Legal custody	Yes/No	
E-mail		
Address I	Parent/Guardian 1	
Address		
Post Code/City of re	sidence	
Secret address	Yes/No	
Home telephone nu	mber	
Secret telephone nu	mber Yes/No	
	rsonalia Parent/Gu	ardian 2
Surname		
Drofiv/oc)		
Prefix(es)		
First name		
First name Initials		
First name Initials Gender	  M/F	
First name Initials Gender Relation to pupil	 M/F father/n	nother/
First name Initials Gender Relation to pupil Date of birth	 M/F father/n	
First name Initials Gender Relation to pupil Date of birth Place of birth	 M/F father/n	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth	M/F father/n	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status	 M/F father/n	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession	M/F father/n	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number	M/F father/n  Yes/No	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number	M/F father/n  Yes/No	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status	M/F father/n  Yes/No 	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status Legal custody	M/F father/n  Yes/No	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status	M/F father/n  Yes/No 	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status Legal custody E-mail	// M/F father/n // Ses/No // Work // Yes/No	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status Legal custody E-mail  Address I Address	M/F father/n Yes/No work Yes/No Yes/No	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status Legal custody E-mail  Address Post Code/City of re	Work Yes/No Yes/	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status Legal custody E-mail  Address Post Code/City of re Secret address	M/F father/n  Yes/No  work  Yes/No  Parent/Guardian 2  sidence  Yes/No	nother/
First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number Marital status Legal custody E-mail  Address Post Code/City of re	M/F father/n	nother/



# 6c. Personalia stepparent who lives on the same address as pupil (in case of divorce)

Surname Prefix(es) First name Initials Gender Relation to pupil Date of birth Place of birth Country of birth Refugee status Profession Mobile number Telephone number work Marital status E-mail	M/F father/mother/ Yes/No	
7. Family information		
Number of children		
Place in the family Language spoken at home Family members		e/youngest/
9. Medical Information		
Medicines		
Allergies		
Products forbidden for your child		
General Practioner (name and telephone number		
Dentist (name and telephone number)		
Family members		



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Why did you choose this school		

#### **Declaration parent(s)/guardian(s)**

- The undersigned declares to agree with the contents of the school guide.
- The undersigned agrees with or respects the school's principles.
- The undersigned declares that his/her child is not registered on another school in The Netherlands or any other school abroad, paid for by the kingdom of The Netherlands.
- The undersigned requests the admission of the above mentioned pupil to this primary school.
- The undersigned gives permission for checking the validity of the parents' certificates/diplomas.

#### **Declaration school**

The undersigned, the school's director or his/her deputy, declares that he/she will treat the above-mentioned information with strict confidence and will not submit this information to third parties, unless permission is given by the parent(s)/guardian(s). The above-mentioned information will be processed according to The Data Protection Act .

The above-mentioned information is only disclosed to:

- The school's director or its general director or board
- The Dutch Inspectorate of Education
- A Civil Servant of the Ministry of Education, Culture & Science

Each parent has the right to consult and correct false information registered of his/her child

By signing this form you declare to have filled in this form truthfully.

Signature pa	erent/guardian1	Signature parent/guardian 2		
Name		Name		
Signature		Signature		
Date		Date		
Signature pri	mary school			
Name director				
Signature		Date		



#### **ATTACHMENT**

Dear parent/guardian,

Schools are requested by the Dutch government and legislation to document a great number of matters. We therefore ask your permission in writing for the following activities and agreements. You can request the school to adjust this permission by letter at any time.

#### 1.In general:

The undersigned, parent(s), guardian(s) of: ......name pupil/toddler gives/give permission for (denote the dots for the items for which you give your permission):

- Head lice check (our school checks regularly for head lice )
- Transport of your child (cars are being used to transport our pupils for a number of school events)
- o Medical protocol ( the medical protocol is read and filled in if needed)
- Measures when your child is ill (your child may fall ill during school hours, or get injured or stung by an insect etc. In that case the school will contact the parent(s), guardian(s) or any other designated person, if necessary. If none of them can be contacted the teacher will consider carefully if a doctor should be consulted).
- Consultation between school and children's physicians and nurses regarding periodical investigations (The Public Health Service (GGD) ask your permission for medical investigations by the children's physician and nurse).

#### 2. Privacy Act:

Elevantio likes to take photographs and videos of events taking place in and outside the school grounds. It is possible that your child is shown on these photographs or videos.

Hereby we would like to ask your permission for using photographs and/or videos showing your child. These photographs and/or videos will be used for the Elevantio's website, the newsletter, the school magazine and Elevantio's social media. The photographs and videos will be treated confidentially and will not be used if it is understandable that publication would not be appreciated by you or your child.

We will ask your permission separately if we would like to use the photographs and/or videos showing your child for any other purpose than the above-mentioned purposes.

We will also ask permission separately for using photographs and/or videos made during schooltrips or any other out of school activity.

In case of your permission for using the photographs and videos, this permission is only valid for images made for or by Elevantio. It is of course possible that parents or children take photographs on school or during school events. Elevantio cannot influence the way these images are being used. We therefore kindly ask you to use images showing parents or pupils only when you have their permission.



Your son or daughter will have an opinion of his or her own regarding the use of images. Elevantio therefore kindly asks you to discuss the permission with your child. Your child will then be able to understand your reasons for giving or refusing to give permission to use images of your child.

It is always possible to withdraw the permission for using images of your child without giving a reason. Obviously it is also possible to withdraw your permission for a specific image to be used in an newsletter or schoolmagazine, or have that specific image to be removed from Elevantio's website or social media.

Elevantio's privacy policy applies to all photographs and videos taken by Elevantio. You can find this privacy policy on our website; it explains how we handle privacy and personal data.

On the attachment you can give or refuse your permission.

We thank you in advance for your cooperation.

Declaration:		
Parent/guardian of:		Group/year:
declares to give permission	for everything mentioned under '1 In general'.	
And that Elevantio will		
be allowed	not be allowed	
to use images of the above the school magazine as me	-mentioned pupil on the school's website, in the nontioned in '2 Privacy Act'.	ewsletter, on social media and in
Name:		
City:		
Date:		
Signature:		