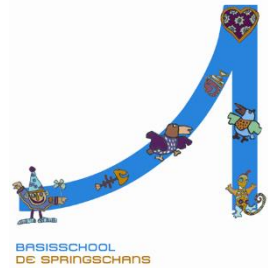


Application form De Springschans



Personalia Pupil

Family name _____

First name(s) _____

Given name _____

Gender M / F _____

Date of birth _____

Place of birth _____

Social security number _____

Religion _____

First nationality _____

Second nationality _____

Cultural background _____

Date in The Netherlands
(When born in another country) _____

Country of origin father _____

Country of origin mother _____

Educational history

Visits pre-school or daycare YES NO

Name of pre-school or daycare _____

Do parents agree to request information
from daycare YES NO

Pre-school education YES NO

Name of pre-school education program _____

When registered at another school:

Name of school registered _____

Place of school registered _____

At school since (dd-mm-yy) _____

Personalia legal caregiver 1

Personalia legal caregiver 2

Surname _____

Surname _____

Initials _____

Initials _____

First name _____

First name _____

Gender M / F

Gender M / F

Place of birth _____

Place of birth _____

Mobile number 1 _____

Mobile number 1 _____

Mobile number 2 _____

Mobile number 2 _____

Home address _____

When different from legal caregiver 1:
Home address _____

Postal code _____

Postal code _____

City _____

City _____

Secret YES NO

Secret YES NO

E-mail _____

E-mail _____

Signature _____

Signature _____

Date _____

Date _____

Details:

Continuation application: Below are a number of questions which you are not obliged to answer, but which can be of value for us

Siblings at De Springschans

SOS contact person

Name

Mobile number

Name

Mobile number

Medical information

Doctor (GP)

Address doctor (GP)

City doctor (GP)

Allergic to / forbidden products

Medication

Development

The 'Wet Passend Onderwijs' (Adequate Education Act) obliges schools to offer adequate and appropriate schooling for children with special needs either by offering it themselves, or by ensuring the child is offered appropriate schooling elsewhere. To assess whether De Springschans can offer the appropriate schooling for your child, we would like to ask you a number of questions below. These questions concern the development of your child from birth to the moment of registration.

If there is a change in the circumstances of your child, between the registration period and the start at De Springschans that is important for school to know, we would like to hear from you.

The physical development of your child differs from the development of other children of his/her age group. YES NO

The speech/language skills of your child differs from the development of other children of his/her age group. YES NO

The gross/fine motor skills of your child differs from the skills of of his/her age group YES NO

The general behavior (at home and in other situations) of your child differs from the behavior of his/her age group. YES NO

Your child's eyesight is fine. YES NO

Your child's hearing is fine. YES NO

Your child is sick more often than other children of his/her age group. YES NO

Our child is (has been) treated by:

Speech therapist

Child/Youth Care

Pediatrician

Physiotherapist

Different, _____

If you have answered one or more of the above questions with "YES", could you please explain briefly below:

The above information will be treated confidentially as defined in the Informatiebeveiligings- en Privacy Beleid (IPB) (information security and privacy policy) of Stichting Wijzer aan de Amstel:

https://www.wijzeraandeamstel.nl/assets/uploads/files/Beleid_IPB_Wijzer_ad_Amstel_corr.pdf

Please return this form by mail or email to:

Basisschool De Springschans

Eendracht 8

1423 ET Uithoorn

or

info@springschansuithoorn.nl