

# Application form



## 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 program \_\_\_\_\_

*When registered at another school:*

Name of school registered \_\_\_\_\_

Place of school registered \_\_\_\_\_

At school since (dd-mm-yy) \_\_\_\_\_

**Basisschool De Springschans**

Eendracht 8, 1423 ET Uithoorn • 0297 - 52 33 97 • [www.springschans.com](http://www.springschans.com) • [info@springschansuithoorn.nl](mailto:info@springschansuithoorn.nl)

**Personalia legal caregiver 1**

**Personalia legal caregiver 2**

Surname \_\_\_\_\_  
 Initials \_\_\_\_\_  
 First name \_\_\_\_\_  
 Gender M / F  
 Place of birth \_\_\_\_\_  
 Mobile number 1 \_\_\_\_\_  
 Mobile number 2 \_\_\_\_\_

Surname \_\_\_\_\_  
 Initials \_\_\_\_\_  
 First name \_\_\_\_\_  
 Gender M / F  
 Place of birth \_\_\_\_\_  
 Mobile number 1 \_\_\_\_\_  
 Mobile number 2 \_\_\_\_\_

Home address \_\_\_\_\_  
 Postal code \_\_\_\_\_  
 City \_\_\_\_\_  
 Secret YES  NO

*When different from legal caregiver 1:*  
 Home address \_\_\_\_\_  
 Postal code \_\_\_\_\_  
 City \_\_\_\_\_  
 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 (and relation to pupil) \_\_\_\_\_

Mobile number \_\_\_\_\_

Name (and relation to pupil) \_\_\_\_\_

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 to answer some questions below. These questions concern the development of your child from birth to the moment of registration.

**Might your child develop in a certain way in the period between this registration and the start at De Springschans and this is important for school to know, we would like to hear from you.**

The physical development of our child differs from the development of other children in our area. YES  NO

The speech/language skills of our child differ from the development of other children in our area. YES  NO

The gross/fine motor skills of our child differ from the skills of other children in our area. YES  NO

The general behavior (at home and in other situations) of our child differs from the behavior of children in our area. YES  NO

Our child's eyesight is fine. YES  NO

Our child's hearing is fine. YES  NO

Our child is sick more often than children in our area. YES  NO

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Our child is (has been) treated by:

- Speech therapist   
Child/Youth Care   
Pediatrician   
Physiotherapist

Different, \_\_\_\_\_

Details:

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](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  
[info@springschansuithoorn.nl](mailto:info@springschansuithoorn.nl)

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