

## **Student Data Form**

Family name:			
Given name:	Known as:		
Student's BSN-number (so	ocial security nu	mber): **	
number is an entirely arbitrary number Anyone living in the Netherlands shou Citizens of the Netherlands are issued	r that does not contain Id have a BSN-number I a number at birth. Nor r your children at your	any information on the r, as should anyone liv n-citizens are issued s	ial and social system. The social security person to whom it has been assigned. ing abroad who is taxable in the Netherlands. uch numbers when they enter the country. ingdienst). For more information call the
Location: KSS	$\square$ NSL	$\Box$ VNS	Class: ID
Home address:			
	F	Father	Mother
Home telephone			
Work telephone			
Cell phone			
Email address			
When parents cannot be re	eached in case o	f emergency co	ntact:
WIF./WIFS.:			
Telephone number:			
Has your child an allergy /	medical needs?		
Name of Doctor:		Telephon	e number:
Data for billing purposes			
Name to appear on invoice	<b>:</b>		
Address:			
G*			Deter
Signature of parent :			Date:

After School Care:	
My child attends after school care on thes	se days:
Name of After-school care group:	
Telephone number and contact person: _	
Correspondence:	
We prefer to send information to parents	electronically.
E-mail address for correspondence:	
	Please write clearly in block letters
Permission to publish on the World Wide	e Web
I give permission to the publication of photog of my child's school work on the school's web	graphs and/or video clips of my child, and examples osite
☐ YES Signature:	NO
Visits in the local area	
I give permission for my child to be taken	out in the local area by the school staff
☐ YES Signature:	NO