

### APPLICATION FORM

|                                   |                               |                                 |
|-----------------------------------|-------------------------------|---------------------------------|
| <b>Student details</b>            | <input type="checkbox"/> male | <input type="checkbox"/> female |
| First Names:                      | Known as:                     |                                 |
| Surname:                          |                               |                                 |
| Date of birth (dd/mm/yyyy):       |                               |                                 |
| Country and place of birth:       | Nationality:                  |                                 |
| BSN number:                       |                               |                                 |
| Mother tongue:                    |                               |                                 |
| Other languages spoken:           |                               |                                 |
| Date of entering The Netherlands: |                               |                                 |

|                               |                               |                                 |
|-------------------------------|-------------------------------|---------------------------------|
| <b>1st parent details</b>     | <input type="checkbox"/> male | <input type="checkbox"/> female |
| First name:                   | Surname:                      |                                 |
| Date of birth:                | Nationality:                  |                                 |
| Country and place of birth:   |                               |                                 |
| Mobile telephone:             |                               |                                 |
| Email address:                |                               |                                 |
| BSN number:                   |                               |                                 |
| Name of employer:             |                               |                                 |
| Address of employer:          |                               |                                 |
| Telephone number of employer: |                               |                                 |

|                               |                               |                                 |
|-------------------------------|-------------------------------|---------------------------------|
| <b>2nd parent details</b>     | <input type="checkbox"/> male | <input type="checkbox"/> female |
| First names:                  | Surname:                      |                                 |
| Date of birth:                | Nationality:                  |                                 |
| Country of birth:             |                               |                                 |
| Mobile telephone:             |                               |                                 |
| Email address:                |                               |                                 |
| BSN number:                   |                               |                                 |
| Name of employer:             |                               |                                 |
| Address of employer:          |                               |                                 |
| Telephone number of employer: |                               |                                 |

|                 |       |                |       |
|-----------------|-------|----------------|-------|
| <b>Siblings</b> |       |                |       |
| 1.              | Name: | Date of birth: | M / F |
| 2.              | Name: | Date of birth: | M / F |
| 3.              | Name: | Date of birth: | M / F |

|  |                             |
|--|-----------------------------|
| <b>Family contact information</b>                          |                             |
| How long are you planning to stay in The Netherlands?      |                             |
| Does the student live at the same address as both parents: | yes                      no |
| If not, please explain:                                    |                             |
| Current home address (include postcode and country):       |                             |
| Current home telephone number:                             |                             |
| Address in The Netherlands (if different):                 |                             |
| Home telephone number in NL:                               |                             |

|  |                       |             |
|--|-----------------------|-------------|
| <b>Educational history (for children above 4 years old)</b>  |                       |             |
| Name and address of current school:  |                       |             |
| Current Grade/Class/Year group:  |                       |             |
| Date of enrolment:   | Planned leaving date: |             |
| Reason for leaving:  |                       |             |
| Name and country of previous school:   | Start date:           | Leave date: |
| Name and country of previous school:   | Start date:           | Leave date: |
| Name and country of previous school:   | Start date:           | Leave date: |
| Has your child ever received special education?  |                       | yes    no   |
| Has your child had special educational support in mainstream school?   |                       | yes    no   |
| <i>If you have answered 'yes' to either of the questions above, please send copies of relevant educational and psychological testing, current IEPs and therapy programmes/targets.</i> |                       |             |
| Reason for specialist support:   |                       |             |
| Therapies and support currently being received:  |                       |             |

