

APPLICATION FORM: LIGHTHOUSE SPECIAL EDUCATION

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

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

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

Siblings			
1.	Name:	Date of birth:	M / F
2.	Name:	Date of birth:	M / F
3.	Name:	Date of birth:	M / F

Family contact information



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:		

Educational history		
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:		

Medical		
Does your child have any special medical needs?		yes no
Details:		

Does your child have any allergies?	yes	no
Details:		
Does your child take any regular medication?	yes	no
Details:		

Medical		
Does your child have a special (religious) diet?	yes	no
Details:		
Does your child have any special medical needs?	yes	no
Details:		

Signature:
Date:

Declaration

We have read the school's brochure and understand the admission regulations that govern enrolment. The information submitted is accurate to the best of our knowledge and we see no reason why our child should not be able to follow the educational programme offered by the school. We accept that the school reserves the right to refuse admission to students whom they feel cannot benefit from the programme being offered.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Please return this application form with a copy of the applicant's passport and copies of recent school reports to the address listed at the bottom of this form.