

## STUDENT APPLICATION FORM

### GENERAL COMMENT

By signing this form, you request admission of the stated student to Primary School De Troubadour by filling out this application form. This form, including appendices, will be scanned and then added to the student's file in the student administration system.

### SCHOOL DECLARATION

All information in this form will be treated confidentially, and access is only granted to:

- the management and team members of the school;
- the primary school inspectorate;
- the government auditors' department of the Dutch Ministry of Education, Cultural Affairs and Science.

We handle this information in accordance with the Dutch Protection of Personal Details Act.

Legitimate carers have the right to inspect and rectify incorrect details in the section of the student administration concerning their child.

### EXPLANATION CITIZEN SERVICE NUMBER BSN (PGN)

The Burgerservicenummer BSN (or Persoonsgebonden nummer PGN) of your child can be found on the following documents:

- passport or ID card of your child;
- birth certificate of your child;
- a copy of the BRP registration (Dutch Population Register) that the municipality provided you with after the birth of your child.

So it is not necessary to apply for a recent excerpt from the BRP (Dutch Population Register).

Please note: bring one of the above-mentioned documents containing your child's BSN to the admission interview. A medical ID card is not applicable, as this document is not issued by the government.

## CHILD'S DETAILS

Personal details		Home address	
Surname		Country	
Prefix(es)		Postal Code	
First name(s)		House number	
Preferred name		Addition	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Street	
Date of birth		Secret address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of birth		Secret phone number	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID Number BSN (PGN)		<b>Pre-school programmes</b>	
Country of origin student		Pre- and early-school-indication (VVE)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken most at home		Day-care centre	
Arrival in Netherlands		Playgroup	
Country of origin parent or carer 1		<b>Previous school</b> (if applicable)	
Parent or carer 2		Current group	
Family doctor		Current grade	
Nationality (1t)			
Nationality (2d)		Application date	
Comments:		Enrolment date	

## MEDICAL DATA

Family doctor's name	
Medication	
Allergies	
Dyslexia in the family	
Important to know	

## EMERGENCY CONTACTS

Calling order	Name + relationship to child	Emergency number
1 <sup>t</sup>		
2 <sup>d</sup>		

## PARENT/CARER DETAILS

Personal details carer 1	
Surname	
First name(s)	
Initial(s)	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs, Ms, Miss
Relationship to child	
Parental authority	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	
Place of birth	
Country of birth	
Civil state	
Occupation	
Employed at	
Mobile telephone	
Secret number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work telephone	
Email address	
Email received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home language	

Personal details carer 2 (if applicable)	
Surname	
First name(s)	
Initial(s)	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs, Ms, Miss
Relationship to child	
Parental Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	
Place of birth	
Country of birth	
Civil state	
Occupation	
Employed at	
Mobile telephone	
Secret number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work telephone	
Email address	
Email received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home language	

Address carer 1 (only if not the same)	
Country	
Postal Code	
House number	
Addition	
Street	
Secret address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone number	
Secret phone number	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address carer 2 (only if not the same)	
Country	
Postal Code	
House number	
Addition	
Street	
Secret address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone number	
Secret phone number	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Other children in the family

Name	Date of birth	Name of school (if applicable)

### USE OF PERSONAL DATA

Compulsory conveyance personal data		
<p>The school has the legal obligation to digitally provide the personal data of the student to:</p> <ol style="list-style-type: none"> <li>DUO: Education Executive Agency (Dienst Uitvoering Onderwijs)</li> <li>any new school via OSO: Transferral Service Education (Overstapservice Onderwijs)</li> </ol> <p>With regard to point 2, carers are to be granted leave to inspect the data before these are sent digitally via OSO to the new school.</p>		
Conveyance of personal data that require permission		
1. Handing out a group list with the student's name and address particulars, birth date and phone number	<input type="checkbox"/> Permission	<input type="checkbox"/> No permission
2. Use of photos and videos of a child: in the school guide, school brochure, school calendar on school's website in the (digital) newsletter on the school's social media accounts	<input type="checkbox"/> Permission	<input type="checkbox"/> No permission
	<input type="checkbox"/> Permission	<input type="checkbox"/> No permission
	<input type="checkbox"/> Permission	<input type="checkbox"/> No permission
	<input type="checkbox"/> Permission	<input type="checkbox"/> No permission
3. Conveyance of name and address particulars to the library in order to make a library card	<input type="checkbox"/> Permission	<input type="checkbox"/> No permission
4. Requesting relevant details of the student at playgroup, day-care centre or previous primary school	<input type="checkbox"/> Permission	<input type="checkbox"/> No permission

### SIGNATURE CARERS

Carer 1		Carer 2	
Name		Name	
Signature		Signature	
Date		Date	

By signing this application form, the parent(s)/carer(s) declare(s)  
that all details about the child are correct and filled in truthfully