



PRE-ENROLLMENT FORM

INTERNATIONAL SCHOOL RISE / INTERNATIONAL SCHOOL I-ST@RT

By filling in this pre-enrollment form, you apply to register your child for the SALTO International School RISE or SALTO International School I-St@rt (in Meerhoven). Your application will not be definite until you have received a confirmation letter or e-mail. After sending in the form, you will be contacted for an intake interview at the school. Based on this interview, the application will be reviewed and will be decided if your child can be enrolled in the school. This form and attached information will be documented in the student administration system.

If you have any question, please do not hesitate to contact us.

SALTO International School RISE
p/a Tafelbergplein 8
5642 GP Eindhoven
+31 (0)40 267 7152
rise@salto-eindhoven.nl

SALTO International School I-St@rt
p/a Meerbos 16
5658 LA Eindhoven
+31 (0)40 88 79 020
i-start@bs-startbaan.nl

DATA CHILD	
Last name:	
First name(s):	
Gender:	<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth:	/ / (dd / mm / yyyy)
Birthplace / country:	
Nationality (1 st):	
Nationality (2 nd):	
BSN number:	
Date of entrée to the Netherlands:	/ / (dd / mm / yyyy)

ADDRESS	
Street + number:	
Postal code:	
City:	
Country:	
Phone number:	

DATA PARENTS / GUARDIANS		
	Parent / guardian 1	Parent / guardian 2
Last name:		
First name(s):		
Initials:	Date of birth:	Date of birth:
Gender:	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Country:		
Nationality:		
Phone number:	Secret: Y / N	Secret: Y / N
Phone number work:		
E-mail address:		
Receive email?		
Occupation:		
Relation to child:		
Legal authority:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Child lives with:	<input type="checkbox"/> parent / guardian 1 <input type="checkbox"/> parent / guardian 2 <input type="checkbox"/> both parents / guardians <input type="checkbox"/> other	<input type="checkbox"/> parent / guardian 1 <input type="checkbox"/> parent / guardian 2 <input type="checkbox"/> both parents / guardians <input type="checkbox"/> other

ADDRESS PARENTS / GUARDIAN

Only fill out if the address differs from the child's address		
	Parent / guardian 1	Parent / guardian 2
Street + number:		
Postal code:		
City:		
Country:		

DATA FAMILY

Number of children:		
Place of child in family:		(youngest / oldest / etc.)
Language most spoken at home:		

LANGUAGE LEVEL CHILD:

language	level:
- Dutch:	
- English:	
Other languages:	
language:	level:

ADDITIONAL INFORMATION CHILD

Has your child had any psychic or mental examinations:	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which agency?	
Date of examination:	/ / (dd / mm / yyyy)
Do you expect that your child will need any extra support at school?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please specify:	

FAMILY DOCTOR/ MEDICATION/ ALLERGIES

Name family doctor:		
Street + number:		Postal code:
City:		Phone:
Medication:		
Allergies:		

INFORMATION REGARDING PRESCHOOL AND/OR PREVIOUS ELEMENTARY SCHOOL

Does / did your child attend a daycare or preschool:		<input type="checkbox"/> yes <input type="checkbox"/> no
Name:		
Address:		
City:		
Since:		
How many days a week:		
Instruction language:		
Does / did your child attend an elementary school (before):		<input type="checkbox"/> yes <input type="checkbox"/> no
Name:		
Address:		
City:		
Country:		
Instruction language:		
Signed up since:		
Last group / class:		
Ever repeated a class:	<input type="checkbox"/> yes <input type="checkbox"/> no	

INFORMATION REGARDING CURRENT ELEMENTARY SCHOOL

Is your child currently registered in a school:		<input type="checkbox"/> yes <input type="checkbox"/> no
Name:		
Address:		
City:		
Since:	/ / (dd / mm / yyyy)	
Group:		

ACADEMIC YEAR:

Academic year 2019-2020
 Academic year 2020-2021
 Academic year 2021-2022
 other:

PREFERRED LOCATION:

RISE (near the city center)
 I-st@rt (Meerhoven)

OTHER RELEVANT INFORMATION / SIGNATURE

	Parent / guardian 1	Parent / guardian 2
Place / date:	/ / (dd / mm / yyyy)	/ / (dd / mm / yyyy)
Signature:	(digital form)	(digital form)