

<b>Name of child:</b>	<input type="checkbox"/> male	<input type="checkbox"/> female
First Names:		
Surname:		
Date of birth (dd/mm/yyyy):	Nationality:	
Country and place of birth:		
BSN number:		
Mother tongue language:		
Other languages spoken at home:		
Does your child speak English?		yes / no
Date of entering The Netherlands:		

<b>First parent/caretaker</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
First names:		
Surname:		
Date of birth:	BSN nr:	Nationality:
Address:		
Zip code and town:		
Home telephone:	Work:	Mobile:
Email address:		
Country and place of birth:		
Name of employer:		
Address of employer:		

<b>Second parent/caretaker</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
First names:		
Surname:		
Date of birth:	BSN nr:	Nationality:
Address:		
Zip code and town:		
Home telephone:	Work:	Mobile:
Email address:		
Country and Place of birth:		
Name of employer:		
Address 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
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<b>Additional Information</b>	
How long are you planning to stay in The Netherlands?	
For which school year would you like your child to attend preschool?	
Which school is your child going to attend after this school year?	
<b>(your child will NOT be automatically registered as HSV student, apply will be separate)</b>	
Do you have children who attend a local international school?	yes no
If yes, which school?	
Does your child have a (religious) diet?	yes no
Details:	
Does your child have any special medical needs?	yes no
Details:	
<b>Has your child been observed by a specialist? If yes, please provide reports.</b>	yes no
Details:	
Does your child have any allergies?	yes no
Details:	
Is your child toilet-trained?	yes / started but not reliable / no

<b>Financial arrangements</b>	
The monthly costs from September 2019 will be € 825,00. Payment is required for 10 months for the academic year.	
I will pay monthly:	yes / no
<b>Or I will pay the annual fee in one instalment on signing the school contract: yes / no</b>	

<b>Signature:</b>
<b>Date:</b>

Please return this form to the address listed at the bottom of this form.