

CURSUS 2023 - 2024

REGISTRATION FORM ISK Internationale schakelklas

Hereby the parent(s)/guardian(s) request admission to CSG Groene Hart for:

PERSONAL DATA OF THE PUPIL

Last/Family name : _____ ☐ male ☐ female
Nickname : _____
Full Given names : _____
Address : _____
Zipcode and city : _____
Phone number : _____ Mobile: _____
E-mail address : _____
Date of birth : _____
Place of birth : _____
Country of birth : _____
BSN/burgerservicenummer: _____
Hobbies : _____

* * * If not born in the Netherlands, please fill out the following lines:

Country of origin : _____
Nationality : _____
Date of entry in the Netherlands (full date) : _____

Number of years in the Dutch school system: _____ Starting from class: _____

Date of 1st day of school at CSG Groene Hart _____ Class _____

Please fill out the following pages as well

PERSONAL DATA OF THE PARENT(S) / GUARDIAN(S)

The pupil lives with their: parents / father / mother / guardian(s)

Father/guardian:

Family name : _____

Given name : _____

Address : _____

Zipcode : _____

City : _____

Nationality : _____

Date of birth : _____

Place of birth : _____

Country of birth: _____

Phone number

Landline : _____

Work phone : _____

Mobile phone : _____

E-mail address : _____

Mother/guardian:

Family name : _____

Given name : _____

Address : _____

Zipcode : _____

City : _____

Nationality : _____

Date of birth : _____

Place of birth : _____

Country of birth: _____

Landline : _____

Work phone : _____

Mobile phone : _____

E-mail address : _____

Are both parents alive? ☐ Yes ☐ No, father passed away ☐ No, mother passed away

Are the parents divorced? ☐ Yes ☐ No

If so, the pupil lives with their ☐ father ☐ mother ☐ co-parenting: _____

The pupil is the: 1st / 2nd / 3rd / _____th child in the family Number of siblings: _____

*** If applicable:

Name of the legal guardian : _____

Name of guardian's authority : _____

Address of the guardian : _____

Phone number of the guardian : _____

E-mail address of the guardian : _____

Please fill out the following pages as well

LAST SCHOOL

Name of the school : _____
Address : _____
Zipcode and city : _____
Phone number : _____ E-mail: _____
Name of the principal : _____
Name of the class teacher : _____
Last class / year of the pupil : _____
How many years did the pupil spend at this school: _____
Which class in primary school did the pupil fail? ☐ no class was failed
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
☐ Other: _____

OTHER DATA

Name of the GP / family doctor : _____
Address of the GP / family doctor : _____
City of the GP / family doctor : _____
Phone number of the GP / family doctor : _____
Daily use of medicines: ☐ No ☐ Yes, the following: _____

Any health characteristics that are important to us, such as bad ears/eyes, disorders or illnesses:

Have the following documents been handed to Groene Hart Leerpark?

Copy of the passport? ☐ Yes ☐ No

Copy of residence document with date of entry into the Netherlands ☐ Yes ☐ No

If not, please hand these documents in as soon as possible at the school administration.

Please fill out the following page as well

By registering and signing, the undersigned declares/declares that he/she agrees with the rules of the school, and hereby gives/give permission to include the data provided in an automated file and/or agree to verify the data with regard to Nationality, Country of birth, Duration of stay and Date of entry into the Netherlands of their child at the civil affairs department of the municipality of residence.
Only fully completed and signed forms will be processed.

Date: _____ City: _____

Signature father/guardian

Signature mother/guardian
