

Registration form



New student	Yes	No	
Brother/sister at school	Yes	No	If yes, grade:
			If yes, grade:
Enrolled at another school	Yes	No	If yes, which school:
Intake planned	Yes	No	If yes, when:

Student data

BSN (Social security number)		(Please attach a copy of		
Last Name				
First name		Male	Female	Neuter gender
Second name(s)				
Address				
Zip code + place				
Nationality				
Date of birth				
Place of birth				
Country of birth				
In case of emergency				
Phone number parent 1/caregiver 1				
Phone number parent 2/caregiver 2				

Preschool information

Name preschool	
Contact	
Phone number	

Medical information / general practitioner

Name/phone number		
Address		
Medical information allergies		
Allergy		
Epi-Pen use		
Medication use		

Parent 1/Caretaker 1

Parent 2/Caretaker 2

Last name		Last name	
First name		First name	
Address		Address	
Zip code + place		Zip code + place	
Phone number		Phone number	
Mobile number		Mobile number	
Phone number work		Phone number work	
E-mail		E-mail	
Nationality		Nationality	
Country of birth		Country of birth	
Occupation		Occupation	

Particulars

Preschool period (research, speech/language development, motor development)			
Medical (chronic illness, medication, born too early, etc.)			
Domestic situation			
Other remarks			
Please give your opinion on the following development areas regarding			
	Behind	Normal	Ahead
Motor development			
Cognitive development			
Math development			
Social development			
Language development			

Signature	Date:
Signature parent:	