



## APPLICATION FORM

# Jenaplanschool DE OOSTPOORT

Oosteinde 6 2611 SN Delft telephone 2130856  
 E-mail: [oostpoort@laurentiusstichting.nl](mailto:oostpoort@laurentiusstichting.nl)  
[www.deoostpoort.nl](http://www.deoostpoort.nl)

### Personal- and contact details of the future student

Family name of student:*		0 boy / 0 girl	
First name(s) completely:*			
Given name:		Nationality 1 :	
		Nationality 2:	
<b>Date of birth:</b>		Place of birth:	
Country of birth:		In the Netherlands since:	
<b>BSN number**):</b>		<b>(add copy)</b>	
Brothers/sisters with date of birth:			
Street-name and housenumber:***			
Postal code and place:			
Address secrete: 0 yes / 0 no			
Phone number:		of:	Secrete: 0 yes/no
Mobile phone:		of:	Secrete: 0 yes/no
Emergency phone:		of:	Secrete: 0 yes/no
E-mail:		of:	Secrete: 0 yes/no

\*) We ask you to take great care on the spelling of the name of the child. The name must be exactly as written as in the population register. That is important, as well as a correct date of birth, because the information in our records are compared in an automated exchange with the Government.

\*\*\*) Attach copy of statement Government. For example, passport, identity card or an extract from the birth register.

\*\*\*\*) If you are divorced: who is registered according to the municipality?

### Pre-school history\*

Name of pre-school:	
Type of pre-school:	Phone number:
Participated in municipal program for early childhood education:	So yes, where: Phone:
Overige bijzonderheden:	

\* Only applies if your child stood registered during the last 6 months on a playgroup or nursery.

### Registration previous elementary school \*

Date registration/deregistration:
Previous school:
Phone number:
Place:

\* Only applies if your child comes from another elementary school.

### Medical information

Health care provider:	LGF indication *: 0 yes / 0 no
Polycy number:	Indication date:
Legal liability insurance : 0 yes / 0 no	Indication number:
Family doctor:	End date:
Phone family doctor:	Education species indication:
Medication use:	Brinnummer REC:
Diagnosis:	PCL: 0 yes / 0 no
Medical information/allergies:	RVC: 0 yes / 0 no

\* Since the introduction of the scheme Pupil Tied Funding (LGF) allows parents/guardians of a child with an indication choose specifically or further education, but also or regular education. Choose parents/guardians for regular education, then the child receives a so-called 'backpack'. With the 'backpack' the school that the child signs up gets extra educational support and additional educational resources for the child. Regular education is not required to place a child with a 'backpack'. However, the school must demonstrate why he cannot place the child despite a 'backpack'.

### Further details

One-parent-family?	0 yes / 0 no
Who is the legally liable person?	
Religion + details:	
Baptized:	0 yes / 0 no
Home language:	Evt. 2 <sup>e</sup> home language:
Live in a reception centre for asylum seekers?	0 yes / 0 no
Live in home?	0 yes / 0 no
Is the child examined by an authority?	0 yes / 0 no Kind of research:
Is the child Ambulatory accompanied?	0 yes / 0 no The school may request data? 0 yes / 0 no
Are there details in terms of speech/language?	0 yes / 0 no So yes: which?
Will there be dyslexia in the family?	0 yes / 0 no So yes: who?
Does your child have insufficient control of Dutch?	0 yes / 0 no
Does your child have hearing problems?	0 yes / 0 no Explanation:
Parents had/have problems with reading and/or spelling?	0 yes / 0 no Explanation:
We expect that your child is potty trained when he/she comes at school. If this is not the case, has this a medical cause?	
Provide details:	

**Personal information father /guardians 1:**

Family name and initials:	
Given name:	Country of birth:
Address:	Date of birth:
Postal code:	Residence:
Phone number:	Mobile:
E-mail:	
Nationality:	
Possibly second nationality:	
Marital status: married/living together/separated/else, namely:	
Religion: r.c./prot.chr./islam/none/other, namely:	
Name highly enjoyed education or degree of parent *	
0 Gewoon of buitengewoon lager onderwijs/basisonderwijs	
0 LBO/VBO/VMBO.	
0 Hoger incl. M.A.V.O. .	
Namely:	
Graduated: yes / no	
If no: number of years within the relevant education training:	
Profession:	
Refugee status: 0 yes / 0 no	

\* The law on primary education gives the possibility to attract of additional staff, used in helping students. This depends on a number of legal conditions. In order to determine whether our school qualifies, we need data on training and occupation of parents. This information is kept confidential.

**Personal information mother /guardians 2:**

Family name and initials:	
Given name:	Country of birth:
Address:	Date of birth:
Postal code:	Residence:
Phone number:	Mobile:
E-mail:	
Nationality:	
Possibly second nationality:	
Marital status: married/living together/separated/else, namely:	
Religion: r.k./prot.chr./islam/geen/anders,nl.	
Name highly enjoyed education or degree of parent:	
0 Gewoon of buitengewoon lager onderwijs/basisonderwijs	
0 LBO/VBO/VMBO.	
0 Hoger incl. M.A.V.O.	
Namely:	
Graduated: yes/no	
If no: number of years within the relevant education training:	
Profession:	
Refugee status: 0 yes / 0 no	

## Statement on registration

1. I, the undersigned (s) is/are familiar with the Catholic identity of the school and respect this.

We accept

to participation of the child to the full by the school offered education package as stated in the school guide.

We accept

the annual, voluntary parental contribution of at least EUR 90. This statement applies to the entire primary school period but can per school year at the written request of the parent. Implementation will take place in accordance with article 41 paragraph 1 WPO.

We accept

to agree with posting photos, names, articles and short movies of his/her child on Social Schools. This statement applies to the entire primary school period but can per school year at the written request of the parent be changed.

We accept

to participate an contribution of 10 euros per month for the 30 minutes intermission.

We accept

to accept the use by the school of the educational of the child, taking into account the requirements of the Privacy Act. This statement applies to the entire primary school period but can per school year at the written request of the parent be changed

Signed on behalf of the school:  
(name and position)

.....

Parent/guardian signature:  
(name)

.....

.....