



APPLICATION REQUEST DENISE PRIMARY EDUCATION

This form is a request for application at DENISE Primary. You can send the completed form to info@denise.espritscholen.nl. Once we have received the completed form you will be placed on our waiting list. DENISE will contact you for an intake meeting as soon as there is a place available in the requested group. Please fill in the complete form and attach all relevant documents. No rights on placement may be derived from sending this form.

| Personal data student | | | |
|-------------------------------------|--|------------------|---------------|
| Family name | | Gender | Male / Female |
| First name | | | |
| Date of birth | | Place of birth | |
| Nationality | | Country of birth | |
| Date of arrival in the Netherlands | | BSN (Tax.nr) | |
| Previous countries + length of stay | | | |

| Address in the Netherlands | | | |
|---------------------------------------|--|----------------|--|
| Address | | | |
| Postcode | | Place | |
| Phone number 1 | | Phone number 2 | |
| Correspondence address (if different) | | | |

| Signature | |
|---|-----------|
| <p>The undersigned declares to be the legal guardian of the applying minor, authorized in filling in this request and has done so truthfully. The undersigned declares that once welcomed at DENISE the student will participate in all lessons, excursions and school trips. The undersigned declares that during the school career the student participates in intake tests and, if required by the student counsellor, in the psychological tests in order to adequately guide the students. The undersigned is aware that the school employs an anti-bullying protocol and will follow the school rules to be found on our website. The undersigned authorizes Onderwijsstichting Esprit in Amsterdam to request information from third parties and to process personal information and use this data for the Zorg Advies Team, LWOO beschikking, TLV-procedure, past and future schools, IB-groep, LAS, DUO and whichever extent necessary for the fulfillment of the task of the responsibility. The undersigned authorizes DENISE to use photos of the student for publication purposes.</p> | |
| Date | Place |
| Caretaker 1 name | Signature |
| Caretaker 2 name | Signature |



Documents needed for admission

| | | |
|--|---|---|
| <input type="checkbox"/> Copy of passports of student and caretakers | <input type="checkbox"/> Afschrift basisregistratie personen. <small>Available at City Hall. If new in NL date of arrival in The Netherlands is required</small> | <input type="checkbox"/> School reports from previous school(s) |
|--|---|---|

Personal Data - Caretaker 1

| | | | |
|---|--|---------------------|---------------|
| Family name(s) | | Gender | Male / Female |
| First name(s) | | Relation to student | |
| Date of birth | | Country of birth | |
| Nationalities | | Profession | |
| Marital status | | Highest education | |
| E-mail address | | Mobile phone no. | |
| Address <small>(if different from student)</small> | | | |

Personal Data - Caretaker 2

| | | | |
|---|--|---------------------|---------------|
| Family name(s) | | Gender | Male / Female |
| First name(s) | | Relation to student | |
| Date of birth | | Country of birth | |
| Nationalities | | Profession | |
| Marital status | | Highest education | |
| E-mail address | | Mobile phone no. | |
| Address <small>(if different from student)</small> | | | |

Family composition

| | | | |
|------------|--|--------------------|--|
| Lives with | | Number of siblings | |
|------------|--|--------------------|--|

Medical information

| | | | |
|-------------------|--|------------------|--|
| Name of Doctor | | | |
| Address | | | |
| Phone number | | | |
| Insurance company | | Insurance number | |



Previous education student

| | | | |
|---------------------|--|----------------------|--|
| Name of last school | | Country and city | |
| Type of education | | Instruction language | |
| Duration | | Contact person | |

Additional student information previous education

| | | | |
|--|--|--|--|
| Received additional support with schooling | | Experienced academic, social or emotional challenges | |
| Experienced medical problems | | | |
| Physical, allergic or other problems | | | |
| Experienced academic, social or emotional challenges | | | |

Language profile

| | | | |
|--------------------|-----------------------------------|--------------------|-----------------------------------|
| Native language | | Second language | |
| Level of Dutch | none / some / sufficient / native | Level of English | none / some / sufficient / native |
| Caretaker 1 speaks | | Caretaker 2 speaks | |

Motivation

| | |
|--------------------------------|---|
| How did you find us? | Internet / Recommended by friends / Other |
| Motivation for choosing DENISE | |
| | |
| | |
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