



(Please fill in using **block letters**)

Personal Student Information

Last Name <input type="text"/>	Date of Birth M <input type="text"/> D <input type="text"/> Y <input type="text"/>	Gender <input type="checkbox"/> male <input type="checkbox"/> female
First Name <input type="text"/>	Place of Birth <input type="text"/>	Public transportation <input type="checkbox"/> to school <input type="checkbox"/> from school
Middle Name(s) <input type="text"/>	Nationality <input type="text"/>	Residence Permit # <input type="text"/>
Preferred Name <input type="text"/>	Religion <input type="text"/>	Permit valid until M <input type="text"/> D <input type="text"/> Y <input type="text"/>
Last school attended <input type="text"/>	Language at Home <input type="text"/>	Census ID # <input type="text"/>
☎ Cell Phone Student <input type="text"/>		✉ E-mail Student <input type="text"/>

Parental Information

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Uncle/Aunt <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Cousin <input type="checkbox"/> Independent <input type="checkbox"/> Other
Student lives with — Select All that apply !			

First Name <input type="text"/> Last Name <input type="text"/> Profession <input type="text"/> Home Address <input type="text"/> Neighborhood <input type="text"/> Name Workplace <input type="text"/> ☎ Cell Phone <input type="text"/> ☎ Home Phone <input type="text"/> ☎ Work Phone <input type="text"/> ✉ E-mail Father <input type="text"/>	First Name <input type="text"/> Last Name <input type="text"/> Profession <input type="text"/> Home Address <input type="text"/> Neighborhood <input type="text"/> Name Workplace <input type="text"/> ☎ Cell Phone <input type="text"/> ☎ Home Phone <input type="text"/> ☎ Work Phone <input type="text"/> ✉ E-mail Mother <input type="text"/>	First Name <input type="text"/> Last Name <input type="text"/> Profession <input type="text"/> Home Address <input type="text"/> Neighborhood <input type="text"/> Name Workplace <input type="text"/> ☎ Cell Phone <input type="text"/> ☎ Home Phone <input type="text"/> ☎ Work Phone <input type="text"/> ✉ E-mail Guardian <input type="text"/>
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Medical Information

Family Doctor <input type="text"/>	Relevant Medical problems <input type="text"/>	Needs Medication <input type="checkbox"/> yes <input type="checkbox"/> no
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Please hand in

<input type="checkbox"/> Registration Form Census Office	<input type="checkbox"/> 2 Passport photos
<input type="checkbox"/> Copy of Vaccination card	<input type="checkbox"/> Copy of Birth certificate
<input type="checkbox"/> Proof Dutch Citizenship / copy Passport	<input type="checkbox"/> Temporary Residence Permit (if applicable)