



Application Form Primary School De Vuurvlinder

Surname Student _____

Chosen first name _____

First name(s) _____

Gender _____

Date of birth _____

Place of birth _____

Country of birth _____

Nationality _____

Home language _____

Religion _____

BSN _____

Address _____

Postal Code + City _____

Phone Number _____

Email _____

Name + City of previous school _____

Date of arrival in the Netherlands (NT2) _____

Health Insurance number _____

Relevant medical info _____

Mrs./Mr. _____ declares that the information given above is correct.
The Hague, _____ (date)

Signature _____ (parent/guardian*)
**cross out if not applicable*

**Please attach copies of the following documents of student and parents/guardians:
Passport; Visa; Extract from the municipality + letter date of registration (BSN).**

Parent/Guardian 1

Surname _____
First name _____
Gender _____
Date of birth _____
Place of birth _____
Country of birth _____
Nationality _____
Marital status _____
Religion _____
Profession _____
Address _____
Postal Code + City _____
Phone number _____
Email _____

Signature _____ Date & Place _____

Parent/Guardian 2

Surname _____
First name _____
Gender _____
Date of birth _____
Place of birth _____
Country of birth _____
Nationality _____
Marital status _____
Religion _____
Profession _____
Address _____
Postal Code + City _____
Phone number _____
Email _____

Signature _____ Date & Place _____

Family composition: Father Mother Brother Brother Brother Sister Sister Sister
_____ is the youngest/middle/oldest.