



Student Application Form
Governor de Graaff School Foundation
Road to Lynch # 5

Final registration takes place only when the following conditions are met:

- The child has reached the age of 4 years, when he / she is written into our school registry.
- The information relating to the child and the parents on the registration form is completed
- Both parents / guardians and the school director have signed the form after an interview has taken place.

Mandatory Documents that must accompany this form:

1. Educational Report & Report Cards
2. Declaration of De-Registration from Previous School (foreign applicants only)
3. Declaration of Residency from Census (foreign applicants only)
4. Copy of Passport OR Birth Certificate & Vaccination book.

1. Student Information

Passport Number:	
First Name:	
Additions :	Last name:
Gender: Male / Female	Date of Birth :
Name of street / Area Name :	
Place & Country of Birth :	
Nationality 1 :	Nationality 2 :
Religion:	
Is there a single parent	Yes / No
Which family situation applies: Married / unmarried and cohabiting / divorced / guardian / legal representative / refugee status / widower	

2. Data preschool period

Did the child visit pre-school: YES / NO	If so, start date:
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Name of Pre- School :	
The pre-school record is presented: YES / NO	
How many sessions a week :	

3. Medical Information

Health Care:	Polisnummer : --
Family doctor:	Telephone family doctor : --
Dentist:	Telephone dentist :
Is there use of Medication?	YES / NO : if yes, specify for what :
Allergies: (ex. food or other)	YES / NO : if yes, specify:
Other Medical Information:	

4. Social Data: (according to vision of parent (s) / guardian (s))

The child has problems with the following:	Hearing : Yes /No Seeing : yes / No	Talking : Yes / No Moving : yes / No
Did the child have previous caregivers?	YES / NO	If yes, who?
Does the child suffer from emotional problems?	YES / NO <i>Circle which applies: Insomnia / separation anxiety / homesickness</i> <i>Other:</i>	
Does the child have learning problems ?	If yes, which?	
Are there any behavioral problems at home/ school?	To know :	
Is he or she fluent in English?	YES / NO Other Languages spoken/ fluent in:	
Has your child been in contact with the following agencies?	<ul style="list-style-type: none"> ● <i>Centre for Youth and Family</i> ● <i>Speech Therapy</i> ● <i>Expertise Centre Education Care (ECE)</i> 	

	<ul style="list-style-type: none"> ● <i>Psychologist</i> ● <i>Nursery</i> <ul style="list-style-type: none"> ● <i>Physiotherapy</i> ● <i>Council for Child Protection</i> ● <i>Unit for Social Support</i> ● <i>Queen Beatrix Medical Centre</i> ● <i>Any additional information:</i>
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5. Information: Parents / Guardians :

Parent / Caregiver 1	
First Name :	Initials :
Gender: man / woman	
Last Name :	Relationship to student :
Country of Residence:	
Street name / Area Name :	
House number :	
House Telephone :	Mobile:
E-mail :	
Date of Birth :	Place / Land of Birth :
Nationality :	Religion :
Marital Status :	
Profession :	
Education Parent 1 / Caregiver 1 :	

Parent / Caregiver 2	
First Name :	Initials :
Prefix(s) :	Gender: man / woman

Last Name :	Relationship to student :
Country of Residence :	
Street name / Area Name :	
House number :	
House Telephone :	Mobile:
E-mail :	
Date of Birth :	Place of Birth :
Nationality :	Religion:
Marital Status :	
Profession :	
Education Parent 2 / Caregiver 2 :	

6. Guardianship

Is there a guardianship institution involved in your family?	
Name of Institution :	
Name of Guardian :	
Address	
Postcode / Place Name :	E-mail :
Telephone :	Mobile :

7. Final Registration (to be filled in by school)

Date of Registration :	Previous school :
Brin-nummer : 30 HJ	Sort of school :
Address : Road to Lynch # 5	
Postcode: 0000 BQ, St. Eustatius, Dutch Caribbean	
Telephone : +599-3182321	Cultural Background :
Placed in Group :	Name of Class Teacher :
Student Transport : Yes / No	
Registration becomes final upon signature of School Director:	
(name)	(Signature)

8. General Information

Place of the child in the family brother(s) sister(s)
In the absence of the parent/s who to warn:		
Mr. // Ms :	Phone - Number:	
Relationship to the child :		

9 : Statements :

The receiving school is authorized to contact and to exchange information with the above-mentioned bodies by signing this registration form.

Parents/Guardians provide management and/or internal coaches of the school commission permission to contact the lower 2,4,8 listed agencies to request information. This information covers only those aspects that are important for the school to be able to adequately supervise the child after placement in his/her development. The parents hereby consent to the supply authority to provide the information requested. This information will be treated in accordance with the requirements of the Privacy Act.

9B: General Declaration:

Hereby declare the Parents/Guardians, that:

- The aforementioned child has not been enrolled at another school in the 6 month period before the date of the first day of school.
- The information has been truthfully filled out.
- The schoolguide has been received.
- Parents give permission to take pictures or videos for use in school promotion.
- Endorse the basis, starting point and objectives of the school.
- The information on this application form is correct and complete.
- They agree with the inclusion of the information provided in the student administration and the creation of a student file on behalf of the pupil of the school.

On this information, the provisions of the Data Protection Act Registration application.

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(Parent / Guardian Signature)

.....
(Parent / Guardian Signature)

(If the above data is not truthful, the director of the school reserves the right to remove the above student from the school).