**REGISTER FORM MIGUEL POURIER ACADEMY**

|  |  |
| --- | --- |
| SURNAME STUDENT |  |
| FIRSTNAME STUDENT |  |
| CALLNAME |  |
| GENDER | MALE | FEMALE |
| DATE OF BIRTH |  |
| PLACE OF BIRTH/ COUNTRY |  |  |

|  |  |
| --- | --- |
| SIGNED IN FOR |  |
|  | CLASS 1 |
|  | CLASS 2 |
|  | CLASS 3 |
|  | CLASS 4 |
|  | CLASS 5 |
| SCHOOLYEAR: |  |
| DESIRED LEVEL: | mavo / havo / vwo |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| ADRESS STUDENT |  |
| NATIONALITY |  |
| SECOND NATIONALITY |  |
| SPOKEN LANGUAGE AT HOME |  |
| OTHER LANGUAGES |  |

**INFORMATION PARENTS:**

|  |  |
| --- | --- |
| LAST NAME FATHER / CAREGIVER |  |
| FIRST NAME FATHER / CAREGIVER |  |
| PLACE OF BIRTH / COUNTRY |  |
| DATE OF BIRTH |  |
| SPOKEN LANGUAGE |  |
| ID NUMBER |  |
| EMPLOYER |  |
| FUNCTION |  |
| LEVEL OF EDUCATION | po / vo / mbo / hbo / wo |
| LAST NAME MOTHER / CAREGIVER |  |
| FIRST NAME MOTHER / CAREGIVER |  |
| PLACE OF BIRTH / COUNTRY |  |
| DATE OF BIRTH |  |
| SPOKEN LANGUAGE |  |
| ID NUMBER |  |
| EMPLOYER |  |
| POSITION |  |
| LEVEL OF EDUCATION | po / vo / mbo / hbo / wo |
| ADRESS FATHER |  |
| TELEPHONE HOME |  |
| ADRESS MOTHER IN CASE OF DIFFERENCE |  |
| TELEPHONE HOME |  |
| EMAILADRESS MOTHER |  |
| MOBILE PHONE MOTHER |  |
| EMAILADRESS FATHER |  |
| MOBILE PHONE FATHER |  |

**MEDICAL INFORMATION:**

|  |  |
| --- | --- |
| GENERAL PRACTITIONER |  |
| PHONE GENERAL PRACTITIONER |  |
| ADRESS GENERAL PRACTITIONER |  |
| INSURANCE COMPANY |  |
| INSURANCE NUMBER |  |
| ALLERGIC TO |  |
| PROHIBITED PRODUCTS |  |
| MEDICATION |  |
| EXTRA MEDICAL DETAILS |  |

**OTHER INFORMATION:**

|  |  |
| --- | --- |
| DOES THE STUDENT HAVE BROTHERS OR SISTERS? | YES NO |
| PLACE IN THE CHILDREN’S ROW |  |
| DID SPECIAL EVENTS TAKE PLACE (SUCH AS DIVORCE, MORTALITY AND RELOCATION)? |  |
| HAS THERE BEEN RESEARCH IN THE FIELD OF DEVELOPMENT? IF SO, WHAT STUDIES? |  |
| IS THERE ANY FORM OF DYSLEXIA OR LEARNING DISORDER? IF YES, WHICH ONE? |  |
| WHAT IS THE ADVICE OF THE ELEMENTARY SCHOOL? |  |
| IS YOUR CHILD ALREADY REGISTERED OR ENROLLED AT ANOTHER SCHOOL? IF YES WHICH ONE? |  |
| DO YOU HAVE ANY QUESTION AND/OR COMMENTS? |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| N.B. As parents we agree with a notice period of 3 (three) months **\*** |  |

|  |
| --- |
| * Yes. we agree.
 |

 |
| N.B. As parents we agree with the financial conditions **\*** |  |

|  |
| --- |
| * Yes we agree with the financial conditions.
 |
|  |

 |
| Add copy / scan of your child's \* passport / sedula \* and parents / caregivers \*Add reports previous schools |  |  |

Signed, ……………………………20\_\_\_\_ at……………………………………………

Parent/Caregiver Parent/Caregiver

Name Name