

# Registration form



New student	Yes	No	
Brother/sister at school	Yes	No	If yes, grade:
			If yes, grade:
Enrolled at another school	Yes	No	If yes, which school:
Intake planned	Yes	No	If yes, when:

## Student data

BSN (Social security number)		(Please attach a copy of		
Last Name				
First name		Male	Female	Neuter gender
Second name(s)				
Address				
Zip code + place				
Nationality				
Date of birth				
Place of birth				
Country of birth				
<b>In case of emergency</b>				
Phone number parent 1/caregiver 1				
Phone number parent 2/caregiver 2				

## Preschool information

Name preschool	
Contact	
Phone number	

## Medical information / general practitioner

Name/phone number		
Address		
<b>Medical information allergies</b>		
Allergy		
Epi-Pen use		
Medication use		

**Parent 1/Caretaker 1**

**Parent 2/Caretaker 2**

Last name		Last name	
First name		First name	
Address		Address	
Zip code + place		Zip code + place	
Phone number		Phone number	
Mobile number		Mobile number	
Phone number work		Phone number work	
E-mail		E-mail	
Nationality		Nationality	
Country of birth		Country of birth	
Occupation		Occupation	

**Particulars**

Preschool period (research, speech/language development, motor development)			
Medical (chronic illness, medication, born too early, etc. )			
Domestic situation			
Other remarks			
<b>Please give your opinion on the following development areas regarding</b>			
	Behind	Normal	Ahead
Motor development			
Cognitive development			
Math development			
Social development			
Language development			

<b>Signature</b>	<b>Date:</b>
Signature parent:	