

## KSU pupil enrolment form

Child details	
Surname	:
First name(s)	:
Name	:
Gender	: M / F
Date of birth	:
Citizen service number	:
Country of origin	:
Asylum / Foreign status	:
Date in the Netherlands *( In connection with language school )	:
First nationality	:
Second nationality	:
Address	:
Postal code + town	:
VVE indication ** Earlier education	: Yes / No
VVE participation	: From ..... Until .....
Brother(s) or sister(s) already at school : Name:  Name:  Name:	If so , in what group(s):

### Further enrolments :

Has your child enrolled at any more schools ?	Yes / No
Does our school have your preference ?	Yes / No

### When coming from another school :

Name and place of former school :	Class current school term :
Enrolment for school term :	Starting date :

### Details of former school / V.V.E .

Name of school / Earlier education	:
Address	:
Postal code and town	:
Phone number	:

## G.P and medical

<b>(OPTIONAL )</b>	
Surname G.P	:
Name of Practice	:
Address	:
Postal code and town	:

<b>(COMPULSARY)</b>		
Is there any medication needed to be taken during school hours ?*	Yes / No	If so, what medication ?
Are there any medical matters we need to know ? E.g. allergies/medical symptoms	Yes / No	Yes / no If so , what medical matters ?

\* Staff employed by KSU and /or covered by the responsibility of KSU are not permitted to perform medical actions under the law BIG ( see the protocol medical actions on [www.ksu-utrecht.nl](http://www.ksu-utrecht.nl))

### Note

Once a year the JGZ GP visits for a medical check and to know to which school the appointment has to be sent to the JGZ GP needs to know the names of the pupils who are signed on .

## Details carer / parent/ guardian 1

Is it a single parent family ?	:	Yes / No
Surname	:	
First name	:	
Initials	:	
Gender	:	M / F
Date of birth	:	
Country of origin	:	
Mobile phone number	:	
Email address	:	
Relationship to child	:	Father / mother / guardian / stepfather / stepmother
Legal authority	:	Yes / No
Language mostly spoken at home	:	Dutch / Arabic / Berber / Turkish / French / German / English Other:

## Details carer/parent/guardian 2

Surname	:	
First name	:	
Initials	:	
Gender	:	M/F
Date of birth	:	
Country of origin	:	
Mobile phone number	:	
Email address	:	Email address
Relationship to child	:	Father /mother / guardian / stepfather / stepmother
Legal authority	:	Yes / No
Language mostly spoken at home	:	Dutch / Arabic / Berber / Turkish / French / German / English Other:
Address	:	( if different to child )
Postal code + town	:	( if different to child )

### Emergency numbers different to parents /carers

Phone no.	:	Relationship to child	:	Name	:
Phone no.	:	Relationship to child	:	Name	:
Phone no.	:	Relationship to child	:	Name	:

**Undersigned declares that this form has been truthfully completed en agrees to a detail check .**

Name parent/carers (1)	:	Name parent/carers (2)	:
Date	:	Date	:
Signature	:	Signature	:

*The process and saving of your details are covered by the General Regulation Details Protection .  
For further information we refer you to the privacy declaration on our website:[www.ksu-utrecht.nl](http://www.ksu-utrecht.nl).*