

## School registration form academic year 2021/2022

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### REGISTER FOR

- Year 1  
 Year 2  
 Year 3 or higher  
 Sport Status (LOOT)

### STUDIES

- VWO (University Preparatory Education)  
 HAVO (Senior General Secondary Education)  
 MAVO (Preparatory Secondary Vocational Education)
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### STUDENT

NAME: ..... GENDER: MALE / FEMALE .....

FAMILY NAME: .....

CHRISTIAN NAME(S): .....

BSN-NUMMER: .....

DATE OF BIRTH: ..... PLACE OF BIRTH: .....

ADDRESS: .....

E-MAIL STUDENT: .....

TEL. NUMBER HOME: ..... CELLPHONE NUMBER: .....

NATIONALITY (AS STATED ON PASSPORT OR ID): .....

**RESIDENT IN THE NETHERLANDS SINCE:** ..... NAME OF GP: .....

LANGUAGE(S) SPOKEN AT HOME: .....

KNOWLEDGE OF ANY OTHER LANGUAGES: .....

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### SCHOOL HISTORY

#### SCHOOL 1

NAME SCHOOL: .....

KIND OF EDUCATION: .....

ATTENDED SCHOOL FROM: .....(START) TILL .....(END)

#### SCHOOL 2 (IF APPLICABLE)

NAME SCHOOL: .....

KIND OF EDUCATION: .....

ATTENDED SCHOOL FROM: .....(START) TILL .....(END)

SCHOOL 3 (IF APPLICABLE)

NAME SCHOOL: .....

KIND OF EDUCATION: .....

ATTENDED SCHOOL FROM: .....(START) TILL .....(END)

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**CONTACT DETAILS PREVIOUS SCHOOL**

NAME SCHOOL: .....

ADDRESS: .....

NAME CONTACT PERSON SCHOOL: .....

E-MAIL ADDRESS CONTACT PERSON SCHOOL: .....

SPECIFIC EDUCATIONAL NEEDS? .....

PLEASE PROVIDE US WITH ANY FURTHER DETAILS THAT MAY ASSIST US IN SUPPORTING YOUR CHILD IN OUR SCHOOL

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**ADDITIONAL INFORMATION**

REMARKS ABOUT HEALTH RELATED ISSUES, USE OF MEDICATION, FAMILY CIRCUMSTANCES, ETC. ....

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**CONTACT DETAILS PARENT 1 - MOTHER (THIS HAS TO BE THE STUDENT'S LEGAL GUARDIAN)**

NAME AND INITIALS: .....

ADDRESS: .....

.....  
.....

TELEPHONE: ..... WORK:..... CELL PHONE:.....

DATE OF BIRTH: ..... COUNTRY OF BIRTH: .....

E-MAIL ADDRESS : .....

PROFESSION : .....

NATIONALITY: .....

RESIDENT IN THE NETHERLANDS SINCE: .....

LANGUAGE SPOKEN AT HOME: .....

KNOWLEDGE OF ANY OTHER LANGUAGES: .....

**CONTACT DETAILS PARENT 2 - FATHER (THIS HAS TO BE THE STUDENT'S LEGAL GUARDIAN)**

NAME AND INITIALS: .....

ADDRESS: .....

TELEPHONE: WORK:.....CELL PHONE:.....

DATE OF BIRTH: ..... COUNTRY OF BIRTH: .....

E-MAIL ADDRESS : .....

PROFESSION : .....

NATIONALITY: .....

RESIDENT IN THE NETHERLANDS SINCE: .....

LANGUAGE SPOKEN AT HOME: .....

KNOWLEDGE OF ANY OTHER LANGUAGES: .....

I HAVE READ AND AM AWARE OF THE SCHOOL RULES AND REGULATIONS OF HAARLEMMERMEER LYCEUM. (SEE WEBSITE SCHOOL).

I GRANT HAARLEMMERMEER PERMISSION TO SEEK CONTACT WITH MY SON/DAUGHTER'S PREVIOUS SCHOOL WITH THE PURPOSE TO EXCHANGE RELEVANT INFORMATION CONCERNING MY SON/DAUGHTER'S EDUCATIONAL BACKGROUND.

**STUDENTS CAN ONLY BE REGISTERED WITH A COPY OF THE PASSPORT OR IDENTITY CARD, MOST RECENT REPORT CARD OF PREVIOUS SCHOOL AND A COPY OF THE BSN NUMBER ISSUED BY THE LOCAL COUNCIL.**

DATE:	PLACE:	SIGNATURE:
		LEGAL GUARDIAN 1
.....	.....	.....
DATE:	PLACE:	SIGNATURE 2:
		LEGAL GUARDIAN 2
.....	.....	.....

**\*In order to complete the registration we request you to send us a copy of the documents below:**

- 1. Stamp in passport with date of arrival in The Netherlands – we prefer at least this document
- 2. Resident permit

When you are in possession of one of the documents below, we request a copy of these documents:

- 1. Invite or request for application of residence at IND (Immigratie- en Naturalisatiedienst)
- 2. Request for asylum in The Netherlands at COA (Centraal Orgaan opvang Asielzoekers)
- 3. If you are not in possession of any of the above, we request you to send us a copy of your child's registration at the registry office in the town/village you live in



Baron de Coubertinlaan 2, 2134 CG Hoofddorp  
(023) 5631644  
[info@haarlemmermeerlyceum.nl](mailto:info@haarlemmermeerlyceum.nl)



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