

# ENROLMENT FORM

SCHOOL YEAR 2024-2025

**curio** isk

## TO BE FILLED OUT BY SCHOOL OFFICE

Date of receipt  
Registration number  
Request for additional information sent      Yes      No  
Processed by

## BESIDES THIS FORM YOU HAVE TO BRING:

- Valid proof of identity of the parents or guardianship certificate.
- Personal record sheet of the municipality or GBA\* extract + BSN number.
- Valid proof of identity of the student.

## STUDENT DETAILS

Gender  
First name by which one is known  
Prefix(es)  
Last name  
BSN (citizen service number)  
Date of birth  
First names  
Postal code  
Street  
House number  
Addition  
Town  
Municipality  
Postal address, if any  
Country

Mobile number  
Place of birth  
Municipality  
Country of birth  
Nationality  
2nd nationality

## FOR THOSE OF NON-DUTCH ORIGIN:

Has lived in the Netherlands since

## PREVIOUS EDUCATION:

Primary school      School for second education  
Name of school  
Address  
Postal code/Town

## MEDICAL DETAILS

Name of General Practitioner  
Street + house number

Postal code + place of residence  
Telephone

## DETAILS OF PARENT(S)/CAREGIVER(S) (OR OTHER LEGAL REPRESENTATIVE(S))

### DETAILS OF FATHER/CAREGIVER

Initial(s)  
Prefix(es)  
Last name  
Form of address  
Street  
House number  
Addition  
Postal code  
Place of residence  
Municipality  
Country  
Country of birth  
Nationality  
Mobile number  
Email address  
Wants to receive mail      Yes      No

### DETAILS OF MOTHER/CAREGIVER

Initial(s)  
Prefix(es)  
Last name  
Form of address  
Street  
House number  
Addition  
Postal code  
Place of residence  
Municipality  
Country  
Country of birth  
Nationality  
Mobile number  
Email address  
Wants to receive mail      Yes      No

PLEASE NOTE: FILL OUT REVERSE SIDE

**DETAILS OF PARENT(S)/CAREGIVER(S) (OR OTHER LEGAL REPRESENTATIVE(S))**

Parents divorce?	Yes	No			
If yes, student lives with	mother	father	other		
Parental authority?	father and mother	father	mother	other	
Name of guardian, if any					

**ENROLMENT**

ISK Bergen op Zoom	
ISK Breda	

Date	Town
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Signature of parent/caregiver*	Signature of parent/caregiver*
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