

PCB Het Baken

To be completed by school hool	Confirmation parents		Check BSN	
	Enrollment date		Entered ParnasSys	
	Group		Grade	
	Comments			

Personal details child	Surname			
	First name			
	Name			
	Gender	<input type="checkbox"/> boy <input type="checkbox"/> girl	Lives with	<input type="checkbox"/> mother <input type="checkbox"/> father
	Date of birth	... / ... /		<input type="checkbox"/> carer <input type="checkbox"/> organization
	BSN*/Education number	.. / .. / .. / .. / .. / .. / .. / ..	Explanation:	
	Religion		Cultural background	
	1 ^e Nationality		2 ^e Nationality	
	Home language		Arrival Date Netherlands	... / ... / DD/MM/YY
	Place of birth		Country of birth	

Family	Number of children family		Place of child in family (e.g. 1 ^e child)	
	Any comments family			

Education	VVE participation (Early childhood education)	<input type="checkbox"/> yes <input type="checkbox"/> no	Name VVE program	
	Ambulant care	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> preschool <input type="checkbox"/> daycare <input type="checkbox"/> other nursery	Name and location:
	Name of institution (Ambulant care)			
	Registration other school	<input type="checkbox"/> yes <input type="checkbox"/> no	Other nursery explanation:	
	If coming from other school			
	Name previous school		Address previous school	
	Place previous school		Education since	
	Type of education		Brin-nummer	

BSN	<p>* Explanation BSN</p> <p>You are required to provide a copy of a piece of evidence for the Citizen Service Number of your child: This number can be found on the following documents:</p> <ul style="list-style-type: none"> ➤ The official document you have got from the government. If you lost the document, you can receive a copy at the tax authority. ➤ On the passport or identity card of the child ➤ The health card or health insurance policy the BSN is mentioned. The Social Security Number, the Social Service Number and the Education Numbers are usually the same numbers. ➤ In a summary of the Municipal Administration. Please check the Social Service Number. 	
	I will attach a copy of the Service Number of my child	<input type="checkbox"/> yes <input type="checkbox"/> no

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Personal details parent / carer		Parent / carer 1	Parent / carer 2
	Relation to child	<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> carer <input type="checkbox"/> guardian	<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> carer <input type="checkbox"/> guardian
	Surname		
	Prefix(-s)		
	Gender	<input type="checkbox"/> men <input type="checkbox"/> women	<input type="checkbox"/> men <input type="checkbox"/> women
	Date of birth	... / ... / DD/MM/YY	... / ... / DD/MM/YY
	Place of birth		
	Land of birth		
	Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Segregated <input type="checkbox"/> unmarried <input type="checkbox"/> Single <input type="checkbox"/> widow / widower <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved registered partnership	<input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Segregated <input type="checkbox"/> unmarried <input type="checkbox"/> Single <input type="checkbox"/> widow / widower <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved registered partnership
	Legal parental authority	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	If one of the parents does not have legal parental authority, we would like to receive a copy of the court decision.		
	Adress + House number		
	Postal code + domicile		
	House phone number	<input type="checkbox"/> secret	<input type="checkbox"/> secret
	Mobile number	<input type="checkbox"/> secret	<input type="checkbox"/> secret
Work number	<input type="checkbox"/> secret	<input type="checkbox"/> secret	
Email			
Home language			
Any comments			

Emergency	It is important that we can reach someone in an emergency. We will first contact the parents. If the parents are not available, we will contact the emergency telephone numbers specified below.	
	Name	
	Relation to the child (e.g. grandfather, aunt, neighbor)	
	Phone number	
	Any comments	

Medical	Name GP / family doctor		Phone number	
	Adress		Domicile	
	Name health insurance		Care policy number	
	Medication	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, which?	
	Medications should be administered at school	<input type="checkbox"/> yes <input type="checkbox"/> no	If so, we ask you to complete the form 'medicine provide'. You can request this from the school administration or you can download it from the school website.	
	Illness / Allergy / Disability / Diet			

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School career	School year	Group	School (name and place)
	2023 / 2024		
	2022 / 2023		
	2021 / 2022		
	2020 / 2021		
	2019 / 2020		
	2018 / 2019		
	2017 / 2018		
	2016 / 2017		
	2015 / 2016		

Details caregiver			Name caregiver / explanation
	Speech therapy	<input type="checkbox"/> yes <input type="checkbox"/> no	from: until:
	Physiotherapy	<input type="checkbox"/> yes <input type="checkbox"/> no	from: until:
	Any other therapy	<input type="checkbox"/> yes <input type="checkbox"/> no	from: until:
	Medical assistance	<input type="checkbox"/> yes <input type="checkbox"/> no	from: until:
	Possible developmental delays	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Possibly dyslexia	<input type="checkbox"/> yes <input type="checkbox"/> no	occurs in family at:

Extra guidance	Specific support needs in the field of:		Required help / explanation
	Learning	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Mobility	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Behavior	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Development advantage	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Otherwise, namely	<input type="checkbox"/> yes <input type="checkbox"/> no	

Privacy declaration	<p>At our school, part of Stichting PCPO Capelle-Krimpen, we treat the privacy of our students with care. We refer to the data about students as personal data. The privacy regulations of the association / foundation describe how the school handles personal data and what the rights of parents are. These regulations have been established with the approval of the GMR. You can find the privacy policy on the foundation's website: www.stichtingpcpo.nl/privacy.</p>
	<p>We only use personal data if this is necessary for the learning and supervision of our students, and for the organization that is required for this. We receive a number of details from parents when registering at our school. In addition, teachers and support staff record data about students, such as grades and progress. Sometimes special personal data is registered if this is necessary for the correct supervision of a student, such as medical data (such as dyslexia or ADHD).</p>
	<p>The school management and the teaching staff are allowed to view student data that the children's primary school keeps. Every parent has the right to view and correct incorrect data in the part of the student administration that relates to his / her child. In special cases, third parties may also view the student data. When processing this data, we adhere to the General Data Protection Regulation.</p>

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Declaration	Hereby I declare that I:	
	<input type="checkbox"/> ja <input type="checkbox"/> nee	*Will respect the Christian objectives and foundation of the school and the Foundation of which the school is a part, as expressed in the school guide; will subscribe to the objectives and foundation of the Foundation when joining the Parent Council or the (G)MR.
	<input type="checkbox"/> ja <input type="checkbox"/> nee	Consent to the distribution of name, address and phone numbers to other parents/caregivers of children in my child's group (except secret numbers listed in this form).
	<input type="checkbox"/> ja <input type="checkbox"/> nee	Agree to be checked for head lice by "head lice parents" specially designated by the school for this purpose.
	<input type="checkbox"/> ja <input type="checkbox"/> nee	Give permission for the school to contact attended school/toddler/daycare center for further information about my child.
	<input type="checkbox"/> ja <input type="checkbox"/> nee	Agree to post images of my child in the newsletter
	<input type="checkbox"/> ja <input type="checkbox"/> nee	Agree to post images of my child in Parro
	<input type="checkbox"/> ja <input type="checkbox"/> nee	Agree to post images of my child in the school directory
	<input type="checkbox"/> ja <input type="checkbox"/> nee	Agree to post images of my child on the school website
<input type="checkbox"/> ja <input type="checkbox"/> nee	Agree to participate in research by interns	

You can change the privacy at any time

Duty of Care	<p>The undersigned, by completing this application form, requests admission of the listed student to the above school.</p> <p>After receiving the completed application form, the duty of care of the school starts. This means that within 6 to 10 weeks it will be assessed whether the school can meet the educational and support needs of the student. If your child cannot be placed at our school, you will receive notice as soon as possible.</p>
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Autograph		Truthfully filled out	Truthfully filled out
	Name parent/carer/ guardian		
	Date		
	Signature		