

REQUEST FOR ADMISSION FIRST GRADE COURSE YEAR 2023 - 2024

The undersigned applies for admission for his / her son / daughter to the 1st grade of:

*(tick your choice)*

O GYMNASIUM (vwo) O BILINGUAL GYMNASIUM (vwo)

O ATHENEUM (vwo) O BILINGUAL ATHENEUM (vwo)

O ATHENEUM (vwo) / HAVO O BILINGUAL ATHENEUM (vwo) / HAVO

O HAVO / MAVO O BILINGUAL HAVO / MAVO

O MAVO O BILINGUAL MAVO

The final placement of the pupil depends on the decision of the programme management based on the advice of the admissions committee of secondary education and the organizational possibilities for placement.

# STUDENT data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student last name |  | | | |
| First names in full |  | | | |
| First name |  | | | |
| Gender | O man O woman O different | | | |
| Date of birth |  | Place of birth | |  |
| Country of birth |  | Date in the Netherlands | |  |
| Nationality |  | Citizen service number | |  |
| Address \* |  | | No. |  |
| Zip code |  | | Residence |  |
| Telephone number |  | | | |
|  | \*this address is used as a postal address | | | |
| Above you have given the official surname, as it is known at the civil registry. If the student wants to be addressed with a different name at school, please mention this different name here: | | | | |

1. **Data on parents / guardians / carers and family composition**

Parent / guardian / carer 1\*:

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Initials |  | | |
| Relation to the student |  | | |
| Address equal to student | YES / NO\* if NO please fill in the other address details | | |
| Address |  | No. |  |
| Zip code |  | Residence |  |
| Fixed phone number |  | | |
| Work phone number |  | | |
| Mobile number |  | | |
| E-mail address |  | | |

Parent / guardian / carer 2\*:

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Initials |  | | |
| Relation to the student |  | | |
| Address equal to student | YES / NO\* if NO please fill in the other address details | | |
| Address |  | No. |  |
| Zip code |  | Residence |  |
| Fixed phone number |  | | |
| Work phone number |  | | |
| Mobile number |  | | |
| E-mail address |  | | |

Family:

|  |  |
| --- | --- |
| Family composition | O 2-parent family O 1-parent family |
|  | O co-parenting O different |
|  | |
| Are there any other children in the family at this school? YES / NO\* | |

\* delete as appropriate

# Data relating to SCHOOL OF ORIGIN

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the primary school |  | | |
| Name of group teacher |  | | |
| Address |  | Zip code |  |
| Place |  | Telephone number |  |
| Previous education | This year group 8 / different this year, namely \* | | |
|  | Number of years of education in the Netherlands: | | |
| Advice primary school |  | Special education | YES / NO\* |
| Do you agree with this advice? |  | | |

|  |
| --- |
| 1. **Other information** |
| Does your child have specific support needs?  O no  O yes, focused on: O health (e.g.: vision, hearing, motor skills)  O social / emotional issues (e.g.: conflict handling, fears)  O learning delay / learning difficulties (e.g.: spelling, reading comprehension,  planning)  O command of the Dutch language (development of skills, NT2) |
| Room for explanation: |
|  |
|  |
|  |
|  |
| O My son / daughter would like to be eligible for the program more- and highly gifted (MHB program) |
| O My son / daughter would like to be eligible for the Tweetalig International Program TIP (extra Dutch as a second language) |
| O My son / daughter would like to be eligible for the Campus |

\* delete as appropriate

|  |
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| **5. Comments / notes** |
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# 6. Signature

The undersigned, parent / guardian\* of the pupil mentioned in this form applies for admission for this pupil to the Stedelijk College Eindhoven, for the ticked course at the Henegouwenlaan location. The undersigned has therefore completed the data completely and truthfully. The undersigned agrees to request data from the school of origin.

\*delete as appropriate

Name parent / guardian\* 1: Place and date Signature

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Parent / guardian\* 1 signs with the consent of parent / guardian\* 2.

Name parent / guardian\* 2: Place and date: Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information you provide is registered in accordance with the Privacy Statement of SILFO. You can read this on the school's website.

|  |  |  |  |
| --- | --- | --- | --- |
| SOM llnr. | SOM d.d. | Po/vo d.d | Control ID |