

REQUEST FOR ADMISSION FIRST GRADE COURSE YEAR 2024 - 2025

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

O CAMPUS

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 male O female O different |
|  Date of birth |  |  Place of birth |  |
|  Country of birth |  |  Date in the Netherlands |  |
|  Nationality |  |  Citizen service number |  |
|  Streetname \* |  |  No. |  |
|  Zip code |  |  Residence |  |
|  Telephone number |  |
|  |  \*this address will be 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\*:

*Will be the first call in case of student absence or similar questions AND invoices will be send to the email address noted below.*

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

\* delete as appropriate

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 |
|  Streetname |  |  No. |  |
|  Zip code |  |  Residence |  |
|  Fixed phone number |  |
|  Work phone number |  |
|  Mobile number |  |
|  E-mail address |  |

\* delete as appropriate

Family:

|  |  |
| --- | --- |
|  Family composition |  O 2-parent family O 1-parent family |
|  |  O co-parenting O different |
|  Which parent/guardian has custody |  O just the mother O just the father |
|  |  O both parents O different |
|  Are there any siblings attending our school? YES / NO\* |

\* delete as appropriate

#  Data relating to SCHOOL OF ORIGIN

|  |  |
| --- | --- |
|  Name of the primary school |  |
|  Name of group teacher |  |
|  Street name and No. |  |  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? |  YES / NO\* |

\* delete as appropriate

|  |
| --- |
| 1. **Other information**
 |
|  Does your child have specific needs? O no O yes, concerning: 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 child would like to be eligible for the program more- and highly gifted (MHB program) |
|  O Within the bilingual havo & vwo department, TIP offers extra lessons of Dutch for pupils with an international background who do not master the Dutch language sufficiently. My child would like to be eligible for TIP. |

\* 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

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

 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  | ID control  |