



## Step 1: Registration form

By completing and signing this form, you are letting us know that you wish to enrol your child at bs. de Vlinderboom Signing up means that we will investigate whether we can offer your child a spot at our school. If so, step 2 will follow and we will register your child. If you wish to enrol more children, please use a separate form for each child.

| Student information    |        |          |  |  |
|------------------------|--------|----------|--|--|
| First name/nickname    |        |          |  |  |
| Given names            |        |          |  |  |
| Prefix (if applicable) |        |          |  |  |
| Surname                |        |          |  |  |
| Date of birth          |        |          |  |  |
| Gender                 |        |          |  |  |
| Address                |        |          |  |  |
| Postal code / City     |        |          |  |  |
| Email address          |        |          |  |  |
| Phone number           | Mobile | Landline |  |  |
| Sibling(s) in grade:   |        | ,        |  |  |





## Annex: Consent form to request pupil information

The parent(s)/guardian(s) of register their son/daughter at bs. de Vlinderboom. They hereby give permission to bs. de Vlinderboom to request information on the child's development from the preschool, another primary school or another organisation.

|  | Contact name | Phone number |
|--|--------------|--------------|
| Preschool:  More options possible    Nursery  Preschool  Host parent(s)  |              |              |
| Specialised pre-school: <ul> <li>KIEM (formerly Medical Nursery (MKD)</li> <li>Children's treatment centre (KBC)</li> <li>Other, namely</li> </ul>   |              |              |
| Other school, namely (School name, city)   |              |              |
| <ul> <li>More options possible</li> <li>Speech therapy practice</li> <li>Occupational therapy practice</li> <li>Other centres for therapy, research or treatment, namely</li> <li>Other, namely</li> </ul> |              |              |
| Other  |              |              |





## Signature

| Name of              |            |      |  |
|----------------------|------------|------|--|
| parent/legal         |            |      |  |
| representative 1     |            |      |  |
| Signature            |            | Date |  |
|                      |            |      |  |
|                      |            |      |  |
| Name of              |            | •    |  |
| parent/legal         |            |      |  |
| representative 2     |            |      |  |
| Signature            |            | Date |  |
|                      |            |      |  |
|                      |            |      |  |
|                      |            |      |  |
|                      |            |      |  |
| Γick if only one par | ent signs: |      |  |
|                      |            |      |  |

| Parent/legal representative 1 declares to co-sign on behalf of parent/legal representative 2 who also has parental authority over the pupil;  OR |  |
|--|--|
| Parent/legal representative 1 declares sole parental authority over the child.   |  |