

<b>Citizen service number:</b>		<b>Student number:</b>	
<b>Given names:</b>		<b>Last name:</b>	
<b>First name:</b>		<b>Street &amp; house number:</b>	
		<b>Postal code:</b>	
		<b>Residence:</b>	
<b>Phone number:</b>			
<b>Date of birth:</b>		<b>Sex:</b>	m <input type="checkbox"/> f <input type="checkbox"/>
<b>Country of birth:</b>		<b>Nationality parents:</b>	
<b>Place of birth:</b>		<b>Nationality student:</b>	
<b>Education in your homeland</b>	<input type="radio"/> Yes Which kind of education: For how long?		<input type="radio"/> No  <input type="radio"/> Illiterate
<b>Education in the Netherlands</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>School name:</b> Place: Duration:  <b>School name:</b> Place: Duration:	
<b>Date of arrival in the Netherlands</b> Date:	<b>First education in the Netherlands</b> Date:	<b>Start Emmacollege</b> Date:	
<b>Name parent/guardian:</b>	<b>Signature *:</b>	<b>Place:</b>	<b>Date:</b>

\* By signing this form, the student commits to actively following all lessons.

## Intake form ISK Emmacollege

**The statement of consent must also be completed!**

**To fill out by a teacher/member of the school:**

Gezinssamenstelling:	
Sociaal emotioneel:	Medische bijzonderheden:  Naam huisarts:
<b>Opmerkingen:</b>	

Aanspreekbaarheid:                                   niet / enigszins / redelijk / goed

Beheerst het Latijnse schrift:   nee / ja

Thuisituatie:   woont thuis / pleeggezin / AZC

Welke talen spreekt de leerling:

Hobby's:

# Statement of consent

ISK Emmacollege  
Schoolstraat 16, Brunssum



Name pupil: \_\_\_\_\_

Date of birth: \_\_\_\_\_

With this statement of consent, the undersigned, the pupil and/or parent(s)/caretakers/guardian give permission for:

(Please tick all that apply)

- Requesting and sharing data at COA, IND, guardian for the purpose of registering the pupil at ISK Brunssum.
- Requesting and sharing data at COA, IND, guardian for the purpose of deregistration of the pupil.
- Sharing information with parents/caretakers/guardian and attendance officer concerning the pupil's presence and absence.
- Discussing the registration at CTO (Admission and Research Committee)
- Discussing the pupil in the internal and external support team.
- Requesting information at the pupil's last visited school.
- Taking tests for the purpose of level determination.
- Usage of photo and movie material on which the pupil is in the picture.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature parent/guardian

Signature pupil (12 year and older):

\_\_\_\_\_

\_\_\_\_\_

Signing this form means the parent/caretaker/guardian/pupil agrees with all the above written agreements concerning the sharing of data and that he/she received an explanation about the form and is aware of the content and understands the content.