

Intake form ISK Emmacollege

Citizen service number:		Student number:	
Given names:		Last name:	
First name:		Street & house number:	
		Postal code:	
		Residence:	
Phone number student:			
Phone number parent/guardian:			
Email parent/guardian:			
Date of birth:		Sex:	m <input type="radio"/> f <input type="radio"/>
Country of birth:		Nationality parents:	
Place of birth:		Nationality student:	
Education in your homeland	<input type="radio"/> Yes Which kind of education: For how long?		<input type="radio"/> No <input type="radio"/> Illiterate
Education in the Netherlands	<input type="radio"/> Yes <input type="radio"/> No	School name: Place: Duration: School name: Place: Duration:	
Date of arrival in the Netherlands Date:	First education in the Netherlands Date:	Start Emmacollege Date:	
Name parent/guardian:	Signature *:	Place:	Date:
* By signing this form, the student commits to actively following all lessons.			

The statement of consent must also be completed!

What's the composition of your family, are there any brothers or sisters?	
Are there any social or emotional issues?	Are there any medical issues?
Which languages do you speak?	
Do you have any hobbies?	

The statement of consent must also be completed!

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.