



Application For Enrolment

*Haagsche Schoolvereniging
Lighthouse Special Education*

LIGHTHOUSE SE
Email: cjaeger@hsvdenhaag.nl
Tel: +31 (0)70 33 55 698
Fax: +31 (0)70 3814838
Website: www.lighthouse.nl

Details of student

Family name _____ Male Female

Given names _____ Known as _____

Date of Birth _____ Nationality _____

Sofinumber/BSN number _____

Place and country of birth _____

Mother tongue _____ Ability with spoken English _____

Date of entering Netherlands _____

Details of family

Full name of Father _____ Nationality _____

Name of Company _____

Company Telephone _____

Full name of Mother _____ Nationality _____

Name of Company _____

Company Telephone _____

<i>Name of brother or sister</i>	<i>Age</i>	<i>School attended</i>

Date from which you wish to enrol _____

Expected length of stay in Netherlands (*) _____

(*) Places are available for families temporarily resident in the Netherlands

Family contact details

Address in the Netherlands _____

Contact telephone number (including overseas code) _____

Fax number _____ email _____

Immediate address for correspondence if different from above _____

Educational history

Name and address of previous school _____

Dates attended _____

Reason for leaving _____

Brief details of other schools attended before the school named above:

<i>Names of school</i>	<i>Starting Date</i>	<i>Leaving date</i>

Has your child ever received, or been recommended to receive, specialist teaching for any form of specific educational need? Yes No

If 'Yes' is answered above, then please give the following details and send latest copies of pertinent educational /medical reports.

Reason for referral: _____

Intervention given: _____

Medical information

Is your child in good health? Yes No

Please list any know allergies or medical problem: _____

Permission to publish on the World Wide Web

Do you give permission to the publication of photographs and/or video clips of your child, and examples of your child's school work on the school's website? Yes No

Declaration

We have read the school's brochure and understand the admission regulations that govern enrolment. The information submitted is accurate to the best of our knowledge and we see no reason why our child should not be able to follow the educational programme offered by the school. We accept that the school reserves the right to refuse admission to students whom they feel cannot benefit from the programme being offered and that failure in payment of tuition fees may result in placement of our child in the Dutch Department.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Please return this application form with a copy of the applicant's passport and copies of recent school reports to:

**Lighthouse Special Education - Haagsche Schoolvereniging
Amalia van Solmsstraat 155
2595 TA Den Haag
The Netherlands**

HSV – Haagsche Schoolvereniging Koningin Sophiestraat 24a 2595 TG Den Haag The Netherlands
Tel: +31 (0)70 32 43 453 Fax: +31 (0)70 32 46 609