

ISK Pantarijn
Top Naeffstraat 10-12
6708 SX Wageningen
0317-465856
isk@pantarijn.nl

Please send the completed registration form to amaljaars@pantarijn.nl

PUPIL'S DETAILS

Preferred first name

M / F

Surname

All first names

ADDRESS

Street name

Number

Postcode

Town/city

Telephone number

Pupil's e-mail address

ORIGIN

Date of birth

Place of birth (town/city)

Country of birth

Nationality

PERSONAL DETAILS

Social security number (BSN)

Living situation: Pupil lives with...

parents/mother/father/carer/guardian/independently
other (namely)

MEDICAL INFORMATION

Doctor's details

Use of medication?

Yes / no

Type of medicin

EDUCATIONAL BACKGROUND

Education in country of origin

OTHER

Date of arrival in the Netherlands

Desired start date at ISK

Copy of passport/proof of ID

Attached? Yes / no

DETAILS OF PARENT(S)/CARER(S)/GUARDIAN

FATHER

Initials

Surname

Street name

Number

Postcode + town/city

Telephone number

E-mail address

Telephone number (mobile)

MOTHER

Initials

Surname

Street name

Number

Postcode + town/city

Telephone number

E-mail address

Telephone number (mobile)

CARER/GUARDIAN

Initials

Surname

Street name

Number

Postcode + town/city

Telephone number

E-mail address

Signature of parent(s)/carer(s):

Date: