

# School registration form academic year 2024/2025



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## REGISTER FOR

## STUDIES

Year 1

VWO (University Preparatory Education)

Year 2

HAVO (Senior General Secondary Education)

Year 3 or higher

MAVO (Preparatory Secondary Vocational Education)

Sport Status (LOOT)

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## STUDENT

Name:

\_\_\_\_\_

Male

Female

Family name:

\_\_\_\_\_

Christian name(s):

\_\_\_\_\_

BSN-number:

\_\_\_\_\_

Date of birth:

\_\_\_\_\_ Place of birth: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

E-mail student:

\_\_\_\_\_

Tel. number home:

\_\_\_\_\_ Cell phone number: \_\_\_\_\_

Nationality (as stated on passport or ID):

\_\_\_\_\_

**Resident in the Netherlands since:**

\_\_\_\_\_ Name of GP: \_\_\_\_\_

Language(s) spoken at home:

\_\_\_\_\_

Knowledge of any other languages:

\_\_\_\_\_

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## SCHOOL HISTORY

### School 1

Name school:

\_\_\_\_\_

Kind of education:

\_\_\_\_\_

Attended school from:

\_\_\_\_\_ (start) Till: \_\_\_\_\_ (end)

### School 2 (If applicable)

Name school:

\_\_\_\_\_

Kind of education:

\_\_\_\_\_

Attended school from:

\_\_\_\_\_ (start) Till: \_\_\_\_\_ (end)

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## CONTACT DETAILS PREVIOUS SCHOOL

Name school: \_\_\_\_\_

Address: \_\_\_\_\_

Name contact person school: \_\_\_\_\_

E-mail address contact person school: \_\_\_\_\_

Specific educational needs: \_\_\_\_\_

**Please provide us with any further details that may assist us in supporting your child in our school.**

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## ADDITIONAL INFORMATION

Remarks about health related issues, use of medication, family circumstances, etc.

\_\_\_\_\_  
\_\_\_\_\_

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## CONTACT DETAILS PARENT 1, MOTHER (THIS HAS TO BE THE STUDENT'S LEGAL GUARDIAN)

Name and initials:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Profession: \_\_\_\_\_

Nationality: \_\_\_\_\_

**Resident in the Netherlands since:** \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Knowledge of any other languages: \_\_\_\_\_

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## CONTACT DETAILS PARENT 2, FATHER (THIS HAS TO BE THE STUDENT'S LEGAL GUARDIAN)

Name and initials:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Profession: \_\_\_\_\_

Nationality: \_\_\_\_\_

**Resident in the Netherlands since:** \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Knowledge of any other languages: \_\_\_\_\_

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I have read and am aware of the school rules and regulations of Haarlemmermeer Lyceum.

(See website school)

I grant Haarlemmermeer permission to seek contact with my son/daughter's previous school with the purpose to exchange relevant information concerning my son/daughter's educational background.

**Students can only be registered with a copy of the passport or identity card, most recent report card of previous school and a copy of the BSN number issued by the local council.**

**Date:**

**Place:**

**Signature:**

(legal guardian 1)

\_\_\_\_\_

\_\_\_\_\_

**Date:**

**Place:**

**Signature:**

(legal guardian 2)

\_\_\_\_\_

\_\_\_\_\_

**In order to complete the registration we request you to send us a copy of the documents below:**

1. Stamp in passport with date of arrival in The Netherlands – we prefer at least this document
2. Resident permit

**When you are in possession of one of the documents below, we request a copy of these documents:**

1. Invite or request for application of residence at IND (Immigratie- en Naturalisatiedienst)
2. Request for asylum in The Netherlands at COA (Centraal Orgaan opvang Asielzoekers)
3. If you are not in possession of any of the above, we request you to send us a copy of your child's registration at the registry office in the town/village you live in.

**HAARLEMMERMEER LYCEUM  
DALTON**

*Locatie vwo-havo*

Nieuwe Molenaarslaan 20, 2134 AS Hoofddorp

T 023 - 56 30 283 E [infodalton@haarlemmermeerlyceum.nl](mailto:infodalton@haarlemmermeerlyceum.nl)



**HAARLEMMERMEER LYCEUM  
TWEETALIG**

*Locatie vwo-havo-mavo*

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