



Application form

Please note: acceptance of this application form does not automatically mean enrolment of the child.

Dear Parents/Guardians,

Thank you for your interest in our school. In order to help us decide whether the Spectrum is the best choice for your child, the school's management requires you to fill out this application form. The information you provide will be used to assess whether your child has special education needs which our school may be unable to provide. If this is the case, the duty of care regulations dictate that Het Spectrum is obliged to arrange suitable placement elsewhere within 6 weeks (with a possible one-time extension of 4 weeks). Please note that you are legally required to provide complete disclosures regarding any (expected) special education needs.

If you have any questions about the application form, please contact the management. Once your child is accepted for enrolment you will receive a notification and registration will be finalised.

Our child is/is not enrolled at another school (tick what applies):

Yes No

Sign-in date:

(to be completed by the school when received)

_____ - _____ - 20_____

School stamp + signature management

Details of applicant

Full Name:	
Date of Birth	
Sex:	<input type="checkbox"/> male <input type="checkbox"/> female
BSN No.:	
Home Address/zip code:	
Place of Birth:	
Nationality as per passport:	
In the Netherlands since:	
Telephone:	
Email Address:	
General practitioner + Telephone:	
Medicine during school	
Has your child attended preschool?	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>If so, which preschool?</i>	
Has your child attended a nursery?	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>If so, which nursery?</i>	



Name of last school attended if applicable	
What year is your child applying for?	
Did your child redo a year?	
Parent data	
Father	
Full Name:	
Date of Birth:	
Home Address:	
Telephone or Mobile:	
Email Address:	
Country of birth:	
Marital status:	
Nationality:	
Mother	
Full Name:	
Date of Birth:	
Home Address:	
Telephone or Mobile:	
Email Address:	
Country of birth:	
Marital status:	
Nationality:	

Questionnaire

Please list below (yes/no) any previously diagnosed learning difficulties/special needs/medical conditions

General development	
Pregnancy/birth:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Toddlerhood:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Health (such as: illnesses, accidents, specialist visited, hospital, disability, allergy, medication use, etc.).	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Food/drink/diet:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Sleep:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Potty trained (daytime, night):	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	

Motoric development	
The motoric development (such as: moving in baby time, crawling, learning to walk, dressing themselves, cycling, etc.).	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
The fine motoric skills (such as: drawing, puzzling, using cutlery, etc.).	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Therapy (such as: physiotherapy, cesar therapy, child exercise therapy, etc.).	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	

Sensory development	
Eyes/eyesight:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Hearing:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	

Cognitive development	
Interest in things around him/her:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
The way in which your child can focus or work on something:	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
The way in which your child can remember things:	<input type="checkbox"/> yes <input type="checkbox"/> no

Speech and language development aspects	
Dutch language development	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Speech (articulation):	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Does your child speak another language or dialect?	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Are there problems with reading or spelling within the family (development language disorder (DLD), dyslexia, etc.)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	




Mathematical development	
Has your child had difficulty with spatial orientation? (By spatial orientation we mean orienting and getting to know your surroundings. It starts with yourself: the body parts can be distinguished. Independently you can explore your	<input type="checkbox"/> yes <input type="checkbox"/> no




surroundings and apply concepts such as: in front, behind, underneath, etc.).	
Comments:	
<i>Are there problems with mathematics within the family? (For example, has a family member been diagnosed with dyscalculia?)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	

Social-emotional development	
The character of your child (friendly, closed, short-tempered, easy, difficult, fast emotional, shy, difficult to connect, confident, insecure, etc.).	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Is there an established diagnosis regarding behaviour or functioning in the social field (e.g. ADHD, autism, etc.)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Have profound events occurred during your child's life?	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	

Other details	
Received help from youth care/CJG (Centre for Youth and Family)	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Other details that you as a parent think are important to the school.	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	

The primary schools in Rotterdam work together with the partnership PPO Rotterdam. Dutch law requires that primary education is offered to all children. When a student needs additional support, we can request support from PPO. There is a permanent contact attached to the school. In order to provide your child with appropriate education, we need your permission to exchange data with PPO Rotterdam.

	Yes	No
 I give permission to discuss my child with the school contact of PPO Rotterdam.	<input type="checkbox"/>	<input type="checkbox"/>
 I hereby declare that we have been informed about the school's request for help and the working methods of PPO Rotterdam.	<input type="checkbox"/>	<input type="checkbox"/>
 I hereby declare that we have no objection to gather information about my child from third parties (e.g.: speech therapy, Auris or the ward team).	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
 I hereby give permission to request files from the current BSO.	<input type="checkbox"/>	<input type="checkbox"/>
 I give permission to request files at the current preschool.	<input type="checkbox"/>	<input type="checkbox"/>
 I hereby give permission to request files from the current nursery.	<input type="checkbox"/>	<input type="checkbox"/>

If parents are divorced and both have authority, both parents must give their consent.

Parent/ Guardian of:

_____ declares it has truthfully completed all details provided on this form.

Name: _____

Signature: