

### Pre-application form

Mr/Mrs/Ms	
Your first name	
Your last name	
Your e-mail address	
Place of residence	
Telephone / mobile phone number(s)	
Name of Employer	
Request for school year	
Requested enrolment date	
Living in the Netherlands as of /since	
Expected length of stay in the Netherlands	
First name pupil	
Family name pupil	
Male / Female	
Country of birth	
Date of birth	
Nationality	
Mother tongue pupil	
Current school/day-care/playgroup: and E-mail address / Phone number	
Has your child ever received, or been recommended to receive, specialist teaching for any form or specific educational need?	
Is your child in good health? Please list any known allergic or medical problem.	
Other children in the family and ages	
Possibility to live in Almere or relocate?	
Extra information	

With filling in this form, you give us permission to contact the current or previous school/day-care or playgroup.

Please send this form to [ipsalmere@yahoo.com](mailto:ipsalmere@yahoo.com)