

REGISTRATION FORM NT2-SUPPORT

Target group: barely or non-Dutch speaking pupils, who have been in the Netherlands less than 1 year (groups 3 t/m 8)

To be completed jointly by internal counsellor and parents.





School information

Date of request:

Schoolname:

Address:

Zipcode-residence:



Pupil information

First Name:

Last Name:

Boy / girl:

Date of birth:

Country of origin:

Nationality parents:

In the Netherlands since:

Home language:

Group:

Teacher(s):

Support needs aimed at:
(tick the correct box)

Team: expansion of knowledge and expertise NT2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pupil: guidance and coordination with the teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments/particularities/relevant information:	

Particularities:
(tick the correct box, complete where applicable)

The pupil has not attended any education in the Netherlands so far.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The pupil has lived in an asylum centre for months and has attended education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The pupil has (already) attended education at a Dutch school for ... months.	<input type="checkbox"/> Yes <input type="checkbox"/> No

The pupil is already receiving / is going to receive support	<input type="checkbox"/> Yes <input type="checkbox"/> No
The special funding from the State to which the student is entitled has been applied for	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extra support for this student is available at the school. If so, what kind of support and by whom? Name and function:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments/particularities/relevant information:	
By signing this registration form, parents of the pupil mentioned above give permission for the application of NT2-support by providing the necessary information.	

Signature parent(s)/ legal representative(s):

Name: Signature:	Date:	Place:
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Completed truthfully

Name and signature applicant: Signature principal:	Date:	Place:
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There is only one way to send the completed form:

Complete – print – sign – scan and send by mail to



annyvanravensteijn@saamscholen.nl

In the cc the VVE-/NT2- contact person of your own board:

beavos@filiosscholengroep.nl (FILIOS), I.Veeke@optimusonderwijs.nl (OPTIMUS),
sandravandenberkmortel@saamscholen.nl (SAAM), r.bahadir@simonscholen.nl (SIMON)

The results of the use of the municipal OAB resources for the pupils are followed in a cycle of implementation, learning results, evaluation and adjustment (monitoring) for accountability to the municipality of Oss.