


**Application form**

Name of the school			
Address		Telephone	
		number	
Name of the teacher		Date	

Name of the pupil			
First name			
Date of birth			

Year groups completed			
Native country		In Holland since	
Language spoken at home			

Reason for application (mark  your choice please):

- delay in toddler period
- reading/language difficulties
- motor difficulties
- behavioral difficulties
- gifted/talented
- conditions for learning
- mathematical difficulties
- concentration / attitude towards learning
- delay in all subject areas
- intelligence

other: .....

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Name of the father			
Name of the mother			
Address and postal code		Telephone	
		number	

gives/give permission for an educational/psychological assessment by an educational specialist/psychologist from the HCO.

The results of the assessment (mark  your choice please):

- can be discussed with school first, after which the discussion with parents will take place
- should be discussed with parents first

Parents grant permission,  
Signature:

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