



PUPIL INTAKE CARD

INTERNATIONAL SCHOOL MAASTRICHT

PHOTO

FAMILY NAME OF PUPIL:	FIRST NAMES(S)
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NATIONALITY :	PLACE OF BIRTH :	DATE OF BIRTH	DAY	MONTH	YEAR

BOY	GIRL
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HOME ADDRESS	
HOME TEL	
Please indicate below how letters home should be addressed: i.e. Mr & Mrs XXXXXXXX, Mr XXXXXXX & Mrs YYYYYYY, or to one parent only.	

DETAILS OF LAST SCHOOL ATTENDED	
name	
address	
name of Head	
date of leaving	

This section is for office use only:

	DAY	MONTH	YEAR	NEW SCHOOL NAME AND ADDRESS:	NEW HOME ADDRESS:
date of registration					
date of entry					
date of leaving					
registration fee					
deposit fee					

Parents/Guardians, please complete the other page →

HOME SITUATION

The Pupil will be living with (tick the appropriate boxes)	FATHER	STEP- FATHER	MOTHER	STEP-MOTHER	GUARDIAN (pleae give relationship to pupil)
If any of these statements are true, please give the date of occurrence	parents divorced	parents separated	father died	mother died	
Please give details of any other family situation you think we should know about					

PARENTAL DETAILS

FATHER/STEP-FATHER GUARDIAN:			MOTHER/STEP-MOTHER:		
Name and initials			Name and initials		
Profession			Profession		
Employer's name			Employer's name		
Employer's address			Employer's address		

PARENTAL STATEMENT

I am the parent/guardian of the child detailed overleaf and wish to register him/her as a pupil of the International School Maastricht.

In the event of an accident or illness, if it has been possible for the school to contact either parent/guardian, I give my permission for a member of staff to take my child to a doctor or hospital and to authorize necessary medical treatment.	yes	no
In the event of educational/psychological testing of my child being necessary. I give permission for the results to be made known to the relevant members of staff	yes	no
I give permission for the school to give my telephone number and/or address to other parents for such purposed as car-pooling and distribution of important information.	yes	no

signature parent/guardian date: