



JOODSE BASISCHOOL
ROSJ PINA

Postbus 87058
1080 JB Amsterdam

Application form Rosj Pina

Surname : _____ Gender: M / F
 First name(s) : _____
 Given name : _____
 Birth date : _____ Place of birth: _____
 Birth country : _____ BSN-number : _____
 Address : _____
 Postal code : _____ City : _____
 Telephone : _____ Cell : _____
 Nationality : _____

If you do not have the Dutch nationality, please note the day, month and year of entrance into the Netherlands: _____

And please attach a copy of entrance stamp.

Would you like to have an extra tour 8 to 10 weeks before your child will start at Rosj Pina or a consultation by phone with a class parent? Yes/no

Details parent(s):

Mother/caretaker

Father/caretaker

Surname	: _____	_____
First name	: _____	_____
Birth date	: _____	_____
Birth country	: _____	_____
Nationality	: _____	_____
Address	: _____	_____
Postal code	: _____	_____
City	: _____	_____
Phone number	: _____	_____
Cell number	: _____	_____
Email	: _____	_____

Level of education:

<input type="radio"/> Lower Vocational Education	<input type="radio"/> Lower Vocational Education
<input type="radio"/> Secondary Vocational Education	<input type="radio"/> Secondary Vocational Education
<input type="radio"/> Higher professional Education	<input type="radio"/> Higher professional Education
<input type="radio"/> University	<input type="radio"/> University



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Member of NIHS/ PIG/ LJJ (delete as applicable)

Names brothers/sisters

1. _____ Date of birth: _____
2. _____ Date of birth: _____
3. _____ Date of birth: _____
4. _____ Date of birth: _____

Statement

Has your child received education during the last 6 months? yes / no

Previous school: _____ Group _____

Kindergarten : _____

Level of education:

Please indicate which group is completed:

group 1 group 2 group 3 group 4 group 5 group 6 group 7 group 8

Did your child attend the same group for two years? yes / no

If yes, which group? _____

Undersigned authorizes Rosj Pina to obtain information from the previous school/kindergarten: yes/no

We request you to write down your preferred spelling of the Hebrew name of your child hereunder.

_____ : םש

Please include the following documents:

- Birth certificate of your child including the mother's name
- Proof that your child is halachic Jewish through one of the following options:
 - o Copy of your Ketouba
 - o If your child is already on Simcha, please request a copy of the rabbinical permission.
 - o Statement of the NIHS , NIK or PIG that the child is Jewish
 - o Israeli marriage certificate (if you are married in Israel)
 - o Copy passport (if your child does not have the Dutch nationality)
 - o Date of entrance in the Netherland, with stamp and approval

Parental contribution: The annual voluntary parental contribution is € 1.150,= per child.

Statement

- Undersigned authorizes Rosj Pina to obtain information from the rabbinate
- Undersigned is aware the application of a pupil will only be considered after the rabbinate gives its consent.

Preferences

In the unlikely event of non-admittance of your child to Rosj Pina, please indicate two other school preferences.

Preference 2: _____

Preference 3: _____

Date: _____

Signature(s) parent(s)/ caretaker(s)