



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 to 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

Member of NIHS/ PIG (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 at the previous school/kindergarten: yes/no

We request you to write down your preferred spelling of the Hebrew name of your child hereunder.  
This orthography will then be used for the entire school period.

\_\_\_\_\_ : □□

### **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

### **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.

### **Parental contribution**

- Undersigned is aware application at Rosj Pina includes a voluntary parental contribution of € 1.150,=- per child per year.

### **Preferences**

In the unlikely event of non-admittance of your child at Rosj Pina, Dutch law subscribes that we need to oblige you to below list 2 other school preferences (equal to the Scholenring application form):

Preference 2: \_\_\_\_\_

Preference 3: \_\_\_\_\_

Date: \_\_\_\_\_

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