

NSL Location

Nassaulaan 26

2514 JT The Hague

Telephone +31 70 318 49 50

KSS Location

Koningin Sophiestraat 24A

2595 TG The Hague

Telephone +31 70 324 34 53

VNS Location

Van Nijenrodestraat 16

2597 RM The Hague

Telephone +31 70 328 14 41



HSV International School

Student Data Form

This form is required at the beginning of every school year to be kept on record for your child's class teacher and Head of School. If any of the details change, immediately contact the class teacher or Head of School.

Family name: _____

Given name: _____ Known as: _____

Student's BSN-number (social security number): ** _____

** The BSN-number is a personal identification number, registered in the tax/financial and social system. The social security number is an entirely arbitrary number that does not contain any information on the person to whom it has been assigned. Anyone living in the Netherlands should have a BSN-number, as should anyone living abroad who is taxable in the Netherlands. Citizens of the Netherlands are issued a number at birth. Non-citizens are issued such numbers when they enter the country. You can apply for this BSN-number for your children at your local tax office (Belastingdienst). For more information call the National Tax Information line on 0800-0543

Location: KSS NSL VNS Class: ID- _____

Home address: _____

	Parent/Legal Guardian 1	Parent/Legal Guardian 2
Home telephone		
Work telephone		
Cell phone number		
Email Address		

Emergency contact person if parents cannot be reached:

Mr./Mrs.: _____

Telephone number: _____

Has your child an allergy / medical needs? _____

Name of Doctor: _____ Telephone number: _____

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Data for billing purposes:

Name to appear on invoice : _____

Address: _____ Postcode: _____

Town/City: _____ Country: _____

After School Care:

My child attends after school care on these days:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | |

Name of After-school care group: _____

Telephone number and contact person: _____

Correspondence:

We prefer to send information to parents electronically.

E-mail address for correspondence: _____

*Please write clearly in block letters***Visits in the local area:**

I give permission for my child to be taken out in the local area by the school staff:

- YES NO

Photo release consent:

It is the school's practice to show photographs of school activities and events on its website and other school publications and may also include them in press releases and advertising.

I give photo release consent for (tick all that apply):

- School Website
- School Guide / Annual Update / Digital Newsletters (note that all of these publications are downloadable from the school's website)
- School Calendar (print publication available to families of the school)
- Brochures / Advertisements (print and online)
- I do not give photo release consent for any of the above publication types

Signature of parent/legal guardian: _____

Date: _____