

REGISTRATION FORM

PARTICIPATION - MEDEZEGGENSCHAP

Yes, I would like to become a member of the school council (Medezeggenschap (MR))

1. **Name:**

2. **Please tick the correct option below:**

I am: Parent Guardian

3. My child is in Form (**please tick the correct option below**)

Form 1 Form 2 Form 3 Form 4 Form 5

4. **Your e-mail address:**

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5. **Your phone numbers:**

a) Land line:

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b) Mobile number:

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PLEASE SUBMIT THIS FILLED IN FORM TO SCHOOL MANAGEMENT BEFORE
SEPTEMBER 9TH,2014