

Entry date : _____ **Grade** : _____

Pupil's information

Family name : _____ First name : _____
 Sex : ☐ Male ☐ Female N° AVS : _____
 Date of birth : _____ Nationality : _____
 Mother tongue : _____ Other languages: _____
 Current school : _____ Current grade : _____

Pupil's health

Health/accident insurance : _____
 Precautions to be taken by the school regarding illnesses, allergies, ... : ☐ yes ☐ no
 If so, which ones : _____

Parents information

Father's family name : _____ Father's first name : _____
 Address : _____
 Profession : _____ Employer : _____
 Home phone no. : _____ Mobile phone no. : _____
 Email : _____ Correspondence : ☐ French ☐ English

Mother's family name : _____ Mother's first name : _____
 Address : _____
 Profession : _____ Employer : _____
 Home phone no. : _____ Mobile phone no. : _____
 Email : _____ Correspondence : ☐ French ☐ English

Parental authority

	Both	Father	Mother
If parents are divorced/separated, who has legal custody of the child? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If parents are divorced/separated, with whom does the student live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If parents are divorced/separated, school information send to which address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** If only one parent has CUSTODY OF child, kindly provide as proof the copy of the divorce judgement*

PRESCHOOL, YEAR 1, YEAR 2 - School fees

☐ PS , Y1, Y2 - full time (7h30-12h and 13h30-15h40)

☐ PS , Y1, Y2 - 5 mornings (7h30-12h)

☐ PS , Y1, Y2 - _____ full days (*min 3 days*)

Please specify which days : _____

Options

Midday meals - with supervision from 12h00 to 13h30

☐ Monday

☐ Tuesday

☐ Thursday

☐ Friday

Afternoon care – from 15:40 to 18:00

☐ Monday

☐ Tuesday

☐ Thursday

☐ Friday

Wednesday afternoon club – from 12:00 to 17:00

☐ Yes

☐ No

Year 3 to 8 - School fees

☐ Y3

☐ Y4

☐ Y5

☐ Y6

☐ Y7

☐ Y8

Options

Morning care – from 7:30 to 8:10

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Midday meals - with supervision from 12:00 to 13:30

☐ Monday

☐ Tuesday

☐ Thursday

☐ Friday

Supervised homework – from 16:00 to 18:00

☐ Monday

☐ Tuesday

☐ Thursday

☐ Friday

Wednesday afternoon club – from 12:00 to 18:00

☐ Yes

☐ No

Billing method

Billing period : ☐ annually (2% discount) ☐ per term ☐ monthly

Bill addressed to : ☐ father ☐ mother ☐ other

If other, to whom :

Have you been sponsored by a school family? If so, please enter the full name of the person who recommended our school to you. A one-off discount of 10% will be granted on the 1st year of tuition.

Do you have other children enrolled at our school/nursery? If so, you will benefit from a sibling discount of 10% on all fees, and a 20% discount for 3 or more children.

☐ yes (specify the number of children and their surnames/first names) ☐ no

Parents' wishes

I agree that my child's photographs/videos may be used in school communication/marketing. ☐ yes ☐ no

I authorise the teaching staff to administer medication to my child in case of emergency. ☐ yes ☐ no

I authorise my child to leave the school alone ☐ yes ☐ no

My child is receiving medical treatment, sees a speech therapist or other. ☐ yes ☐ no

Signature of parents or legal guardian

By signing this document, the parents, and/or legal representative or financially responsible confirm that they have read, understood and accepted the general terms and financial conditions here attached. Hereby declaring that all the enclosed information is correct.

Place / date : _____ Father's signature : _____

Place / date : _____ Mother's signature : _____

Important : The inscription is reserved upon reception of the admission fees (see general terms). The tuition invoice will follow your payment within one week and will serve as confirmation.

Documents to be attached

- A recent passport photo
- A photocopy of pupil's identity card/passport
- A photocopy of his health/accident insurance
- Previous year's school report