

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, specify : _____

Please provide a health certificate indicating whether your child is in good health or not.

In case of emergency, who should we contact if we cannot reach you : _____

Do you have civil liability insurance? yes no

Please attach a copy of the bill or the policy.

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 prove the copy of the divorce judgement*

MATERNELLE, Year 1 and Year 2 - School fees

- Maternelle, Year 1 and Year 2 - full time with 5 days a week (7h30-12h and 14h-15h40)
- Only for Maternelle - _____ full days *Minimum 2 days. They may be extended by 1 full day (half day not allowed).*

Please specify which days : _____

Options for Maternelle

Midday meals - with supervision from 12h00 to 13h30

- Monday Tuesday Thursday Friday

Afternoon care – from 16:00 to 17:00

- Monday Tuesday Thursday Friday
-

PRIMARY and SECONDARY - School fees for Y1 to Y8

- Year 3 and 4 Year 5 to 6 Year 7 to 8

Options

Morning care for Y3 to Y8 – 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 for Y3 to Y8 – from 15:45 to 17:00

- | | | | | |
|--|--|-------|--|-------|
| Monday | Tuesday | ----- | Thursday | ----- |
| <input type="checkbox"/> Supervised homework | <input type="checkbox"/> Supervised homework | ----- | <input type="checkbox"/> Supervised homework | ----- |
-

Wednesday afternoon club – from 13:30 to 17:00

- 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 35% discount on all fees 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
Would you like to share your details with the parents of your child's class? yes no

Data transmitted: first names and surnames, telephone numbers and email addresses.

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 I declare 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
- Copy of pupil's identity card/passport
- Copy of your liability insurance
- Copy of his health/accident insurance
- Previous year's school report