

Enrolment Form

Information	Child
Surname:	
Name:	
Date of birth:	
Gender:	<input type="checkbox"/> Girl <input type="checkbox"/> Boy
Nationality:	
Language(s) spoken:	
Address: (Unless specified in writing in the note opposite, all correspondence must be sent to this address)	Street name and no.: _____ Postcode and city: _____ Note: _____ <input type="checkbox"/> I do not wish this address to appear on the pupils' list given to the families of the class.
Home telephone no.:	No.: _____ <input type="checkbox"/> I do not wish this number to appear on the pupils' list given to the families of the class.
Allergies/Chronic diseases attested by a doctor:	
Special dietary requirements:	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Does not eat pork <input type="checkbox"/> Other: _____
Do you authorise the school to give homeopathic remedies to your child.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only Arnica <input type="checkbox"/> Notes: _____
Telephone numbers to contact in case of emergency:	Name and tel. no. 1: _____ Name and tel. no. 2: _____ Name and tel. no. 3: _____
Holds a transport ticket	<input type="checkbox"/> Railway Season ticket (AG) <input type="checkbox"/> Bus Pass: _____ <input type="checkbox"/> Other: _____
Name and address of previous school(s):	

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Information	Mother	Father
Surname:		
Name:		
Signature:		
Nationality:		
Language for all communications:	<input type="checkbox"/> French <input type="checkbox"/> English	
Occupation:		
Employer:		
Address – if different from child's:		
Land-line telephone number:		
Mobile telephone number:		
Business telephone number:		
We heard of the school through:	<input type="checkbox"/> Internet <input type="checkbox"/> Radio <input type="checkbox"/> Open Day	<input type="checkbox"/> Friends/ Colleagues <input type="checkbox"/> Other: _____
E-mail address: To be used for general mailings		
We wish to receive the invoices:	<input type="checkbox"/> Per term (four instalments) <input type="checkbox"/> Yearly (one instalment) <input type="checkbox"/> Monthly (upon consent from Director)	
We authorise the person indicated here to collect our child:		
We would like a school attendance certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
We would like a certificate attesting to child-minding expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have read and understood the rules of the School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
Please complete the table below as appropriate					
Morning: from 8:00 until 12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch: from 12:00 until 13:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: from 13:00 to 15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional for all levels					
Extra-curricular activities/Supervised studies from 15:00 to 17:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities from 17:00 to 18:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's age	Child's level	Class	Minimum attendance		
Between 3 and 4 years old	Grade 0	Children's House	5 mornings+ 2 afternoons		
Between 4 and 5 years old	Grade 1	Children's House	5 mornings+ 4 afternoons		
Between 5 and 6 years old	Grade 2	Children's House	5 mornings+ 4 afternoons		
Between 6 and 7 years old	Grade 3	Lower Elementary	5 mornings+ 4 afternoons		
Between 7 and 8 years old	Grade 4	Lower Elementary	5 mornings+ 4 afternoons		
Between 8 and 9 years old	Grade 5	Lower Elementary	5 mornings+ 4 afternoons		
Between 9 and 10 years old	Grade 6	Upper Elementary	5 mornings+ 4 afternoons		
Between 10 and 11 years old	Grade 7	Upper Elementary	5 mornings+ 4 afternoons		
Between 11 and 12 years old	Grade 8	Upper Elementary	5 mornings+ 4 afternoons		

Authorisation to use your child's photographs: Applicable to all the children of the school
<input type="checkbox"/> We authorise the school to take photographs of our child for use within a strictly academic or pedagogical framework. <input type="checkbox"/> We authorise the press, radio and/or television to use images or recordings of our child taken within the framework of documentary reporting. <input type="checkbox"/> We do not authorise the school to take photographs of our child. <input type="checkbox"/> We do not authorise the various media to use images or recordings of our child.

The school rules are an integral part of the enrolment procedure.

In signing this document, we confirm that we accept them.

The current enrolment will be automatically renewed every year, unless terminated by registered delivery letter received before 15th February of each year.

Place and Date: _____

Signature(s) of legal guardians: _____

Discharge of responsibility:
(optional page)

Discharge of responsibility:
Applicable when siblings attend the school

In signing this document, we accept that outside of normal school hours (after 12:00 on Wednesday or after 15:00 on the other days), our child
will be supervised in the school playground by his brother / sister or
that they make their own way home.

In signing this document we declare that we accept to discharge the school of any
responsibility in case of accidents occurring to our child during this period.

Date and signature(s):

One page must be completed per child

Discharge of responsibility:
Only applicable to the children of Lower and Upper Elementary

In signing this document, we accept that outside of normal school hours (after 12:00 on Wednesday or after 15:00 on the other days), our child
will stay on his own in the school playground or that he/ she will make his / her own way
home.

In signing this document we declare that we accept to discharge the school of any
responsibility in case of accidents occurring to our child during this period.

Date and signature(s):