

## Enrolment Form

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

## Enrolment Form

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

## Enrolment Form

Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Please complete the table below as appropriate</b>					
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"/>
<b>Optional for all levels</b>					
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		

<b>Authorisation to use your child's photographs: Applicable to all the children of the school</b>
<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 15<sup>th</sup> 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): .....