



Enrolment Form

Information	Child	
Surname :		
Name :		
Date of birth :		
Gender :	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	
Nationality :		
Language(s) :	Mother tongue(s) :	Other languages spoken :
Address : (Unless specified in writing in the note opposite, all correspondence must be sent to this address)	Street name & N°: _____ Postcode & 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 N° :	N°: _____ <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"/> Arnica only <input type="checkbox"/> Notes : _____	
Telephone numbers to contact in case of emergency:	Name & N°1: _____ Name & N°2: _____ Name & N°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):		



Enrolment Form

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 (twelve instalments)	
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

Preferred date for beginning attendance at the ISN Workshop:

Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
Morning: from 8:00 until 12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fees: to be paid at the beginning of each month (12 instalments)

	Monthly
1 Session Atelier/ Week	195.00 CHF
2 Sessions Atelier/ Week	370.00 CHF
3 Sessions Atelier/ Week	535.00 CHF
4 Sessions Atelier/ Week	705.00 CHF
5 Sessions Atelier/ Week	880.00 CHF

10% discount on the fees for the second child

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 and current fees (subject to changes) are an integral part of the enrolment procedure.

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

Place and Date: _____

Signature(s) of legal guardian(s): _____