



REGISTRATION FORM ~ 2023/2024

1. Student Identification:

Last Name: _____	First Name: _____
Date of Birth: _____	Place of Birth: _____
Nationality 1: _____	Nationality 2: _____
Current School: _____	Current class: _____
Country: _____	Level of English: _____

2. Siblings:

Last and First Name	Date of Birth	Current classe

3. Parents / Legal Guardian:

We the undersigned: Both parents

I the undersigned legal guardian: Single Divorced Widow Legal Guardian

⇒ Main Respondent	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Legal Guardian
Last Name: _____	First Name: _____		
Profession: _____			
Employer: _____			
E.Mail: _____			
Cel.: _____			
Tel. Office: _____			
Postal Address: _____			
Geographical Address: _____			

⇒ **Secondary Respondent**

Father Mother Legal Guardian

Last Name: _____ First Name: _____
 Profession: _____
 Employer: _____
 E.Mail: _____
 Cel.: _____
 Tel. Office: _____
 Postal Address: _____
 Geographical Address: _____

Request admission for our (my) child identified above to the grade of _____ for the start of the school year in September 2023, after having read the financial regulations for which we give our agreement / I give my agreement.

Issued: _____ Date: _____

Signature

Father

Mother

Legal Guardian

□-----□



Office Use Only

Observations	Décision
.....	<input type="checkbox"/> Admission Date: <input type="checkbox"/> Test Date:
.....	<input type="checkbox"/> Wait listed on: <input type="checkbox"/> Non-Admission Date:
.....	Signature:
.....	