INFORMATION & REGISTRATION SHEET

* Please fill in the document with capital letter. All fields are mandatory.
* **Any change to the following information during the school year must be reported to school notice**
* In case of an emergency or accident, an injured or sick student will be transported by the emergency help services to the nearest hospital. The family will be informed as soon as possible.
* This document has to be returned to secretariatefic@gmail.com with cc to dafefic@gmail.com or has to be given directly to Tania Grujic.
* Information in this sheet will stay confidential
1. **THE STUDENT**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Grade applied** |  |

**Gender:** ☐Male ☐ Female

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of entry at EFIC** | ***Day:*** | ***Month:*** | ***Year:*** |
| **Date of Birth** | ***Day:*** | ***Month:*** | ***Year:*** |
| **Place of Birth** | **City:** | **Country:** |
| **Nationality** |  |
| **Mother tongue** |  |
| **Spoken languages** |  |
| **Name of previous school** |  |
| **Address of previous school** |  |
| **Section attended in previous school** |  |

**Section attended in previous school:**

☐ French only ☐ Bilingual French - Other: *(please specify) ……………………………………………………….*

 ☐ Bilingual French-English ☐Other: *(please specify) ……………………………………………………….*

**Knowledge of French**:

☐ No knowledge ☐ Beginner ☐Intermediate ☐Fluent

**Knowledge of English**:

 ☐ No knowledge ☐Beginner ☐Intermediate ☐Fluent

1. **HEALTH**

|  |  |
| --- | --- |
| **Known allergy** |  |
| **Specific precautions to be taken** |  |
| **Family Doctor** | ***First Name and Last Name:******Address:*** | ***Phone:*** |

**Specific diet:** ☐ Vegetarian ☐ Non Vegetarian ☐ Do not eat Pork ☐ other:

* **Does the student need to wear glasses in class:** ☐ Yes ☐ No
* **Does the student need to wear glasses during recreation time:**  ☐ Yes ☐ No
* **Does the student need to wear glasses during sport activity:** ☐ Yes ☐ No
1. **PARENTS OR LEGAL GUARDIANS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Parent 1 |  | **Parent 2** |
| **First Name** |  |  |  |
| **Last Name** |  |  |  |
| **Spouse name** |  |  |  |
| **Address** |  |  |  |
| **Landline** |  |  |  |
| **Mobile** |  |  |  |
|  **Email** |  |  |  |
| **Status** ***(single, married, divorced, separated, widower)*** |  |  |  |
| **Profession** |  |  |  |

**Parental Authority Parent 1:** ☐ **YES** ☐ **NO**

**Parental Authority Parents 2:** ☐ **YES** ☐ **NO**

**If one of the parent has no parental authority, please send us a copy of the official documents (divorce decree)**

1. **PAYMENTS ARE MANAGED BY**

|  |
| --- |
| ☐ **The Family \*** ☐ **A Company** |
| **Name of the Company** |  |
| **Address of the Company** |  |
| **Contact person of the billing department** | **First Name** |  |
| **Last Name** |  |
| **Position** |  |
| **Phone** |  |
| **Email** |  |

**\* Note:** If the school fees are paid by the family and reimbursed by Enterprise/organisation, then school fees for Enterprise/organisation should apply.

1. **IN CASE OF EMERGENCIES, PEOPLE TO CONTACT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **People to contact in case of an emergency** | **Telephone** | **Address** | **Gender (Male/****Female)** | **Relation (Parent/ Nanny/ Driver/ Friend…)** |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |

1. **IN CASE OF EMERGENCIES, PEOPLE PERMITTED TO PICK UP THE CHILD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **People permitted to pick up the child:** | **Telephone** | **Address** | **Gender (Male/****Female)** | **Relation (Parent/ Nanny/ Driver/ Friend…)** |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |
| ***First Name:*** | ***Last Name:*** |  |  |  |  |

1. **DURATION OF STAY FOR NON SRILANKAN RESIDENT ONLY**

|  |  |
| --- | --- |
| Durati Duration of your stay? |  |

1. **INSURANCE**

**Civil liability insurance: ☐Yes ☐No**

Insurance Name:

Insurance police number:

Insurance coverage until:

**Personal accident insurance: ☐Yes ☐No**

Insurance Name:

Insurance police number:

Insurance coverage until:

1. **FOR STUDENTS FROM 6ème to Terminal ONLY**
* My child is authorized to leave school alone after class is finished: ☐ Yes ☐ No
1. **FOR STUDENTS FROM 2ND TO Terminal ONLY**
* My child is authorizedto leave alone the school during the lunch break: ☐ Yes ☐ No
1. **STUDENT PHOTO AND VIDEO MANAGEMENT**

As a part of the school activities, photos and videos of your child may be taken.

|  |
| --- |
| **☐ I authorize** my child to appear in the school photos  |
| **** I authorize the publication of photographs **within the school** (bulletin boards/ class photos) in which my child appears.

|  |  |
| --- | --- |
| Yes ☐ | No ☐ |

 |
| ****I authorize the publication of photographs and videos **on the school website, Facebook and Instagram Page of the school**. Yes ☐ No ☐*Note: The captions will not include any information which can help identifying the student or his family.* |
| ☐ I **do not authorize** my child to appear in any photographs taken by the school. |

☐ I attest that I have read and agreed to the terms of the **internal** rules and the **financial** rules of EFIC

Place:

Date:

Signature Parent 1 :

Signature Parent 2: