



Application for pre-registration

Deadline

I/We, the undersigned,

Mothers surname and given name

Fathers surname and given name

would like my / our child(ren) to attend EIS SCHOUL.

Date of request

Signature

Information on the child

National Number

- - -

Year

Month

Day

N°

f

m

Surname and given name

Adress: n° and street

Postal Code

District VDL

Nationality/ies

Language(s) spoken

Current school

Cycle

1st year

2nd year

extension of the cycle

1. Does the pupil already have siblings in EIS SCHOUL?

If yes, please specify the name (s).

yes

no

Surname(s) and given name(s)

2. Does the pupil need specific help or does he suffer from an illness?

If yes, please give us more information and send us the necessary documents (medical certificate(s), reports, etc.).

yes

no



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Please turn the page

Information about the persons responsible for the child

Legal guardian 1 (T1)

Family relationship to the pupil (please tick the corresponding box)

Mother
 Father
 Guardian

Single Parent
 (please send us a household composition certificate)

Surname and given name T1

Address T1: No and street (if different)

Postal code and town T1 (if different)

Phone T1

E-mail T1

Nationality/ies T1

Language(s) spoken by T1

Occupation T1

Legal guardian 2 (T2)

Family relationship to the pupil (please tick the corresponding box)

Mother
 Father
 Guardian

Surname and given name T2

Address T2: No and street (if different)

Postal code and town T2 (if different)

Phone T2

E-mail T2

Nationality/ies T2

Language(s) spoken by T2

Occupation T2

Questions on the socio-economic status of T1 and / or T2

Position in the profession? - Detail of the 2011 Census form

Occupation

T1	T2	
<input type="checkbox"/>	<input type="checkbox"/>	Helping family member
<input type="checkbox"/>	<input type="checkbox"/>	Farmer
<input type="checkbox"/>	<input type="checkbox"/>	Self-employed (doctor, lawyer, architect)
<input type="checkbox"/>	<input type="checkbox"/>	Other self employed (entrepreneur, craftsman, businessman, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Trainee apprentice
<input type="checkbox"/>	<input type="checkbox"/>	Civil servant with international status
<input type="checkbox"/>	<input type="checkbox"/>	Civil servant or government employee
<input type="checkbox"/>	<input type="checkbox"/>	Private Sector Employee (CNS assured)

With my / our signature I / we assure that all information given on this form is true.

Signature T1

Signature T2

In case of misrepresented information, EIS SCHOUL reserves the right to revoke the enrollment.