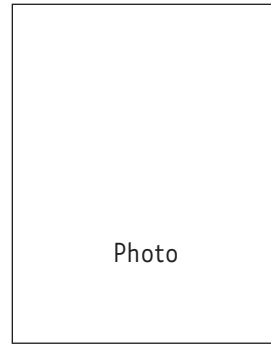


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BRILLANTMONT
International School

Registration form

Student

Last Name: _____ First Name(s): _____
Date of birth: _____ E-mail: _____
Nationality: _____ Place of birth: _____
Religion: _____ Mother tongue: _____
Sex: Female Male

School year

September 20 ____ - June 20 ____ January 20 ____ - December 20 ____ April 20 ____ - March 20 ____

A student who wishes to commence the school year at another date must make a written request which must then be accepted by the school.

Choice of programme

Section: British American Languages Middle School
 7 days boarder 5 days boarder Day school

Father

Last Name: _____
First Name(s): _____
Private address: _____

Private details

Tel.: _____ Fax: _____ E-mail: _____

Professional details

Tel.: _____ Fax: _____ E-mail: _____
Profession: _____

Mother

Last Name: _____
First Name(s): _____
Private address (if different): _____

Private details

Tel.: _____ Fax: _____ E-mail: _____

Professional details

Tel.: _____ Fax: _____ E-mail: _____
Profession: _____



Marital status: Married Separated Divorced Remarried
Holder of parental authority: Mother Father Other: _____

Other information

I know Brillantmont through: Friend Advert Other school Former student Internet
 Education adviser Other: _____

Issuing country of passport: _____

Passport No.: _____

Expiry date: _____

Student resident in Switzerland: _____ Town of residence: _____
Permit: B C

Health/accident insurance:

Are you insured with a Swiss insurance company? yes no

If yes, which? _____

(Please enclose a certificate)

Preferred weekly pocket money: CHF _____

In an emergency

Coordinates of a person to be contacted in an emergency if it is impossible for us to contact the parents.

Last name: _____ First name: _____

Tel.: _____ Fax: _____ E-mail: _____

Relation to student: _____

Payment of school fees

Name and address of the person / company responsible for payment of school fees:

I confirm that I have read and that I accept the school's financial conditions.

Signature of parents or responsible person: _____

I agree that images of my child may occasionally be used in published school materials and on the school website for promotional and marketing purposes.

Signature of parents or responsible person: _____

Date: _____

On receipt of the registration form, duly signed, and the fee of CHF 500.—, the admissions process will begin. Three questionnaires – parents, pupil, educational adviser/current head teacher – will be sent to you. On receipt of these completed questionnaires and school reports for the last three years, admission will be reconsidered. Confirmation will be sent to you if all of the required conditions are met.