

Ecole de L'Assomption  
32 rue Lord Kitchener  
76600 Le Havre  
02 35 43 60 68

registration date : .....

Régime : .....  
Garderie : .....

Office use only
Année scolaire : .....
N° matricule .....
N° payeur .....
Classe .....

Instalment : 45€ deducted from the 1<sup>st</sup> invoice (non refundable)/1 book of 10 stamps/child's health report/birth certificate or passport

Last name : .....

First name : .....

Date of birth : .....

Place of birth.....

Marital status : married /single/cohabitation /divorced/widow/separated

Parents' address :

.....  
.....

Home phone number: .....

Mobile phone number: ..... / .....

Professional phone number .....

Email: .....

Total of children: ..... Total of school age children .....

Insurance : .....

Direct debit (bank account details needed)

Health information

Does your child wear glasses? Permanently / Only in class

Does your child have a disease that needs a permanent medical treatment?

Food allergy : ..... Special diet : .....

Special needs (not in school)

Speech therapy / psychologist / ...

Lunch invoice

Never

Every day

Regularly : Monday / Tuesday / Thursday / Friday

Childminding invoice

Morning 7.45-8.15 am / Evening 4.45-5.55 pm

I , ....., give to the headmistress the permission to make a decision concerning my child, in case of emergency, for the transportation to hospital or surgery if I cannot be reached.

Signature

My child may have his/her picture taken or be filmed during school activities.

I agree / I don't agree

Signed on ....., in .....

Signature