



ENROLLMENT FORM 2009-2010



TO BE COMPLETED BY PARENTS

FOR ADMINISTRATIVE USE ONLY

Student First Name _____ Student Last Name _____

Sex M F Date of Birth _____

Courses desired : _____

Availability : _____

We make every effort to take your availability into account, but cannot in all cases guarantee satisfaction.

EV <input type="checkbox"/>	n°/children : _____	start date _____
ATD <input type="checkbox"/>	dossier under name of : _____	semester _____
MINI <input type="checkbox"/>	_____	_____
TH <input type="checkbox"/>	_____	disc 10 <input type="checkbox"/>
CP30 <input type="checkbox"/>	CP30 <input type="checkbox"/>	CP30 <input type="checkbox"/>
CP45 <input type="checkbox"/>	CP45 <input type="checkbox"/>	CP45 <input type="checkbox"/>
CC <input type="checkbox"/>	CC <input type="checkbox"/>	CC <input type="checkbox"/>
DAY _____	DAY _____	DAY _____
PROF _____	PROF _____	PROF _____
date : _____		banque & n° : _____
FG95 _____	CH _____	CC _____ ESP _____
AC350 _____	CH _____	CC _____ ESP _____

First & Last Name: Mother _____ Father _____

Name and telephone number of any responsible third party (babysitter, etc.): _____

Home telephone: _____ Father's cell phone: _____

Mother's cell phone: _____ Student's cell phone: _____

Mother's email address: _____

Father's email address: _____

Student's email address: _____

Street address: _____

Postal code and city: _____

Grade level at ISP: _____

How did you hear of the Ecole Koenig? _____

By signing below I certify that I have received and understood the following registration documents:

- * Enrollment Form (to be returned completed and signed)
- * Financial Conditions (to be returned completed and signed)
- * School Policies (to be returned completed and signed)

Signature _____

Date _____