

FOR ADMINISTRATIVE USE ONLY

Student Last Name _____ **Student First Name** _____
Sex M F **Date of Birth DD/MM/YY** _____

Courses desired : _____

Availability :
 1 _____
 2 _____
 3 _____
Client must provide a minimum of 3 possible time slots for private lessons.

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° _____	
_____ CH _____	_____ CC _____	_____ ESP _____
** do not accept dossier without this payment **		

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: _____
School / grade: _____
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)
- * Payment Schedule Options (to be returned completed and signed)
- * School Policies (to be returned completed and signed)
- * Safety & Permissions Form (to be returned completed and signed)
- * School Year Calendar for 2011-12

Signature _____ **Date**

