

SCHOOL APPLICATION FORM SCHOOL YEAR 2024/2025

(1) Entr	y level: N	ursery/Kindergarten (I	PS) Entry level: Primary (CP)
](2) New pu	ıpil's grade:	UPE2A (EAL pupil)
	<u>-</u> A r	emplir par l'administ	ration
Date de dépôt du dossier : _		Reçu par l'agei	nt : N° de dossier :
Ecole de secteur (4):		Rentrée souhait	ée :
The child:			
SURNAME:		First Name:	Girl Doy
Date and Place of Birth:			
Previous school (Name and lo	ocation):		
NI(-) -64h1-2132-11	1: (-)	_	
Name(s) of the child's legal	guaraian(s):	·	
Current family status:	AF 1 1		
Single parent Cohabitation		Please specify if: *	-
			Shared custody
*If separated, divorced or sharing PERSONAL	cusioay, aitest		
INFORMATION	Parent 1	Carer 1	☐ Parent 2 ☐ Carer 2
	Legal guare	dian: yes no	Legal guardian: yes no
SURNAME			
First Name(s)			
Date of Birth			
Current Address			
Phone Numbers – (Day/Evening)			
Email address (CAPITAL LETTERS)			
Zaran ded ess (e.n. 11112 ZZ11Z1s)			
Social Security Number			
Employment information	Profession		Profession :
Employer Name and address	Unemplo	oyed Job Seeker	☐ Unemployed ☐ Job Seeker
Professional Contact			
	a any change	e regarding vour home address	ss or contact details, please inform the school (via
	•		ville-chaville.fr) as soon as possible.
Sibling(s) information (Broth	hers or sister	rs):	
SURNAME, First Na	me	Date of Birth	School attended

Emergency contacts and people authorised to collect the child from school	Emergenc	v contacts and	l people	e authorised	l to collect	the child	from scho	ool
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SURNAME, First Name	Relationship	Place of	Phone	Emergency	Person authorised
	to pupil	residence	Number	contact	to collect the child from school
In case of an emergency, when a by the emergency services. The fa		•	•	•	•
Protocole d'Accueil Individuallergies, asthma, diabetes, nose he/she starts school so that the sch	bleeds, haemoph	ilia, treatment f	or epilepsy,) a P	AI needs to be	•
Name, address, phone number of	the child's docto	r:			
If your child wears glasses, when the playground.	does he/she wea	r them? only	at school during	g lessons 🔲	all the time, including in
Child's Insurance Policy:					
It is compulsory for your child Responsibility and Individual a		-	•		
Insurance company:		Insuranc	ce Policy Numb	oer:	
Social security centre (name ar	nd address):				
efficiently deal with your school of system which amongst many thin contact with our services. Accordigital age, 6th January 1978), ethe following email address: sco	gs ensures childred ling to the loi « in veryone has the relaire@ville-chave formation stated	en's safety. Thes nformatique et lib ight to access the ille.fr on this form	e data will be sto pertés » du 6 janv eir information au is correct and	ored for five yea vier 1978 modifi nd amend it at c	rs following the pupil's last ée (Law on Freedom in the any given time by writing to
(activites.famille@ville-chaville.f	, .		future.		
Form completed in Chaville, on the					
Signature (parents, carers or legal Please sign and add « lug	,	read and approve	ed)		
 (1) School is compulsory for every child of (2) For children who have only recently of (grade) (3) UPE2A: Unité Pédagogiques pour le (4) You will be informed by post of your of (grade) 	arrived, a school le es Elèves Allophone	aving certificate is s nouvellement Arr	required from the privés. (Pupils with E	orevious school st English as an Add	ating the child's entry level itional Language students)
Disastal de euro					
Please include the following doc a copy of your <i>Livret de famili</i>		es of narante and	child's hirth com	tificates (obtain	ed within the previous
three months)	-	-		inicaies (obtaill	ea within the previous
☐ Vaccination pages from your of Proof of address (tax return, he				ement)	
☐ In case of a separation: court of Leaving certificate from the pro-	order which inclu	des the child's c	ustody arrangem	nents.	