

Application form and contract

I/We wish to enrol our son/daughter.....(name)

In the month of..... Year.....

I/We understand that the Application Fee is 750 euro per child, and that this fee is non-refundable. Please make payment to Caisse d'Epargne (BCEE) LU76 0019 2455 3244 8000 at the time of submitting the application form.

Please read the following carefully before signing:

I/We understand that this application constitutes a contract with the school once my/our child has started attendance at the School, and the following conditions apply:

I/We are jointly and severally liable for payment for all applicable fees as stated in the current fee schedule, regardless of any subsidy provided by my/our employer.

I/We understand that pupils remain enrolled in the School from one academic year to the next and I/We undertake to give, **in writing to the Headteacher, a full term's notice of termination of this contract with the School or one third of the applicable annual fees in lieu of notice.**

Note

You are liable for fees in lieu of notice if this is received after:

30 th April	For withdrawal at the end of the Summer term
30 th September	For withdrawal at the end of the Autumn term
30 th January	For withdrawal at the end of the Spring term

I/We understand that the school retains the right to terminate this contract should the pupil not comply with the rules of the school, or should the pupil prove unable adequately to benefit from the education the school provides.

Signature of Parent/s or Guardian/s.....

Date.....



Company Information Father

Name of company.....

Address.....

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Parent Information Father

Surname.....

First Name.....

Occupation.....

Office tel no..... Fax no.....

E Mail Address.....

Languages Spoken.....

Company Information Mother

Name of Company.....

Address.....

Parent Information Mother

Surname.....

First name.....

Occupation.....

Office tel no..... Fax no.....

E Mail Address.....

Languages Spoken.....



Student Information

Family Name.....

First Name.....

Nationality.....

Date of Birth.....

Sex..... (male/female)

Mother Tongue.....

Languages Spoken.....

Special Interests.....

Medical Information -please give details of any allergies, regular medication or any other information which you think we should be aware of.

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Present School.....

Address.....

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Date of entry into school.....

Present form/class/grade.....

Please enclose a copy of your child's last school report with this application.

Special Educational Needs

Does your child have any special educational needs? Yes / No

If yes, please enclose details of reports/testing.



Family Details

Home Address.....

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Telephone Number..... Fax

E Mail Address.....

Number of children in family.....

Invoicing Information

If your employer will be paying the fees, please give the legal company name and address along with the name of the person to whom the invoice should be sent. Please also supply the VAT number:

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Are you applying to any other schools within Luxembourg? Yes / No

It would be helpful if you would tell us how you heard about St. George's

Personnel Department	Colleagues/Friends	Relocation Agency
Advertising	Internet/Website	Other

Please return the completed Application Form to:

**St. George's International School
11 rue des Peupliers
Hamm L 2328
Luxembourg**