



Please write in capital letters

1. STUDENT PERSONAL DETAILS

- Female
- Male

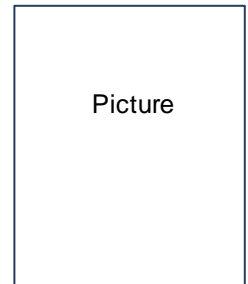
Family name: _____

First name: _____

Date of birth: _____ Place of birth: _____

Nationality: _____ E-mail: _____

Sibling(s) Name and Birth date: _____



2. PARENTS OR LEGAL GUARDIAN DETAILS

Contact 1: Father Mother Legal guardian Contact 2: Father Mother Legal guardian

Family & First name _____ Family & First name: _____

Address: _____ Address _____

Postal code / City: _____ Postal code / City: _____

State: _____ State: _____

Country: _____ Country: _____

Home phone: _____ Home phone: _____

Mobile phone: _____ Mobile phone: _____

E-mail: _____ E-mail: _____

Profession: _____ Profession: _____

3. ACADEMIC PROGRAMMES 2020- 2021

Please tick or highlight one of the following academic programmes:

Pre-school/Reception: FS1 to FS2

- Full Year 2020/21
- Spring Term 2021

Primary school: Year 1 to 6

- Full Year 2020/21
- Spring Term 2021

Secondary school: Year 7 to 9

- Full Year 2020/21
- Spring Term 2021

Diploma Programme prep class: Year 10

- Full Year 2020/21
- Spring Term 2021

4. CATERED SCHOOL MEALS

Please circle or highlight one of the following school meal options:

Standard Vegetarian Without pork Without beef

5. ACCOMMODATION

Please circle or highlight one of the following options:

Host family weekdays Host family fulltime Non-resident

6. ADMISSION REQUIREMENTS

Please list in chronological order the names of the academic institutions (primary and secondary school, High school, etc.) the student has attended or is currently attending.

School	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. HOW DID YOU HEAR ABOUT LEMANIA-VERBIER INTERNATIONAL SCHOOL?

- Internet – Website
- Lemania-Verbier International School representative
- Student*
- School counsellor
- Advertising (newspaper or magazine)*
- Education fair
- Other: Please specify:

*Please give the name: _____

This registration form will become a part of your potential record at LVIS. It should be completed and returned to:

**Lemania-Verbier International School, Chalet Mascotte,
Route de Verbier Station 88, 1936 Verbier
or
info@lvis.ch**



1. PERSONAL DETAILS (please write in capital letters)

Mr. Mrs. Miss

Family Name:

First name:

Father's name:

Father's first name:

Mother's name:

Mother's first name:

Date of Birth:

Address:

City:

Postal Code:

State:

Country:

2. MEDICAL QUESTIONNAIRE

Do you have any health problems or special needs?
If yes, please specify:

Yes No

Information	Treatment	Will you have special needs during you studies at LVIS?

3. SCHOOL AUTHORIZATION

Does your child need special care during her/his studies in LVIS?

1. Allergy Yes No

If yes, please specify which allergy:

Which medicine:

Dosage:

2. Food Yes No

If yes, please specify which diet:

3. Other medicine? Yes No

If yes, please specify which illness:

Which medicine:

Dosage:

Do you authorise LVIS to take your child to the doctor or to the hospital if necessary? Yes No

4. SPECIAL NEEDS

Does your child need special infrastructures during her/his studies in LVIS? Yes No

If yes, please specify which infrastructures:

Does your child receive Special Educational Support (SES)? Yes No

If yes, what for and how many hours per week:

By signing this document, the parents or legal guardian confirm that they are aware of the following:

- Student is required to have medical care and health insurance recognised by the Swiss authorities.
- If it is not the case a **copy of the students' insurance** has to be sent enclosed to medical questionnaire.

Date:

Signature of the parents or legal guardian: