



## REGISTRATION FORM 2020-2021

Please write in capital letters

### 1. STUDENT PERSONAL DETAILS

- Female
- Male

Family name: \_\_\_\_\_

Picture

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    Other (please specify) \_\_\_\_\_

#### 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. LANGUAGES

Please state the level of your child's English and French

English	Complete Beginner	Beginner	Intermediate	Mother Tongue
French	Complete Beginner	Beginner	Intermediate	Mother Tongue

#### 8. HOW DID YOU HEAR ABOUT VERBIER INTERNATIONAL SCHOOL?

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

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

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

# MEDICAL QUESTIONNAIRE

## 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 INFORMATION

Do you have any health problems or special needs?

Yes  No

If yes, please specify:

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

### 3. SCHOOL AUTHORIZATION

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

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 VIS 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 VIS?** 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: