

School of.....

## Enquiries chart.

Name.....First name.....

Birth date .....

Adress.....

.....

Father's name.....First name.....

Mother's name.....First name.....

Home phone  
number.....

Contact phone nimber (mobile or work).....

Business and work place:

Father.....



Mother.....



**In case of divorced or separated parents : Name and address of the person**

**responsible for the child Name**

:.....

**Address:**.....

School insurance:.....

Remarks (Allergies,...).....

The pupil has school meals : Yes / No

The pupil take the school bus service : Yes / No

If yes, starting place :.....

**In case of urgency, I authorize the director of the school to call the doctor.**

In.....The.....

Father

Mother

# URGENCY

Name of the establishment.....

Name of the pupil :.....First name.....

Birth of date : .....

Name and address of the parents : .....

Number and address of National Health Service.....

In case of accident, the school informs the family quickly.  
Give us at least one **phone number**.



home phone number.....



contact phone number (mobile or work)



Name and phone of a person who can inform the family quickly :

.....

In case of urgency, an injured or ill child will be taken to the hospital. The family will be immediately informed by the school.

## Authorization of surgical operation.

We the undersigned (M/ Mrs).....

Authorize the anaesthesia of our son / daughter in case of urgency (accident or quickly progressing disease).

In.....The (date).....

Signature of parents :

Date of the last antitetanus booster :.....

Remarks (allergies, treatments, precautions) :.....

Name and address of the regular doctor : .....

# Glasses at school .

I, undersigned, Name.....First name.....

Adress.....

.....  
father, mother, (1) declared that my son, my daughter (1)

Name .....First name.....

Must wear glasses at school (1)

- during all school activities in class
- during playtimes and school meals
- during sport sessions

In.....The.....

Signature

(1) cross out the wrong mentions.

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## Permission to publish the images of your child.

Dear Madam, Dear Sir,

The school works on several educational projects. They will be published on different kinds of expression (internet, video, VHS) and the pupils could be on. Image using of child stay subject to the parents' authority. Your permission is necessary ; you can cancel it if you want, at your own judgement. Of course, we will take care about the using of the children's pictures and at your through him. All pictures published will be by pedagogic interest.

The school team.

Permission to published the image of your child.....

I, undersigned .....authorize  
the publication of photos in which my child can appeared during project  
production of the school year.

At.....The.....

Signature

# Swimmingpool

I, undersigned (Name and first name ).....

Certify that my child

Name.....

First name.....

can go to the swimmingpool.

Pupils willgo to the swimmingpool in.....

On (date) .....mornings / afternoons.

Please give the teacher a medical certificate if your child has contraindications.

In.....The.....

Signatures