

Previous schools attended

year

grade

OLDER BROTHERS and/or SISTERS

YOUNGER BROTHERS and/or SISTERS

name _____
birthday _____

name _____
birthday _____

name _____
birthday _____

name _____
birthday _____

Our school was recommended by: _____

Illnesses:

Mumps _____

Chicken pox _____

Measles _____

Whooping cough _____

Scarlet fever _____

Other _____

Any hospitalization: _____

All vaccination certificates are up to date _____

Yes

No

To whom should receipts be addressed. (Which parent) _____

Cod. Fisc. _____ **Address** _____

I agree to pay the yearly tuition fees which are relevant to my child's'/children age group and I understand that a fine amounting to 5% of the fee will be applicable in the case of late payment.

Today's date: _____ Parent's signature: _____