| Application for Dive INTO ENGLISH-Beginner wednesday’s 13:30-15:00Please type or print clearly in block capitals |
| --- |
| Student Information |
| Last Name:  | First Name: | Date of Birth: |
| Sex *(please check the correct box)*: [ ]  Male [ ]  Female |
| Mother Tongue *(first language) :*  |
| Date Joining:  |
| Does your child have allergies: [ ]  Yes [ ]  No if yes, please specify: |
| Does your child take regular medication: [ ]  Yes [ ]  No if yes, please specify: |
| Family Information |
| **Father** |
| Last Name:  | First Name: | Nationality: |
| Home Phone Number: | Mobile Number: | Email: |
| Address: |
| **Mother** |
| Last Name: | First Name: | Nationality: |
| Home Phone Number: | Mobile Number: | Email: |
| Address: |
| Name of Accident Insurance Company: Policy Number:  |
| Emergency Contacts |
| Last Name:  | First Name: |
| Address: |
| Home Phone Number: | Mobile Number: | Email: |
| Relationship: |
| **Fees** |
| Fees: 50.00 CHF one time, non-refundable registration fee per child will be invoiced once we receive the admission form 450CHF Term 1 (Aug-Dec) 390CHF Term 2 (Jan-March) 270CHF Term 3 (April-June) Term 1 Due by: August 15th Term 2 Due by: December 15th Term 3 Due by: March 15th  |
| Payment Schedule: [ ]  Termly [ ]  Yearly  |
| Invoice [ ]  by mail [ ]  by email email address:  |
|  |
| How did you hear about our school?  |
| [ ]  via web search [ ]  recommendation [ ]  relocation agency [ ]  other:  |
| **Withdrawal**  |
| In order to withdraw your child, a 3 months’ written notice has to be provided |
| Signature |
| Signature: | Date: |