

INFORMATION SHEET

Student

National register number (belgian) :

NAME : Surnames.....

Date and place of birth :

Nationality(ies) : Sex : Form :

Does your child have any **allergy** or medical concern ?(asthma, épilepsy, sight,...) :

When did your child get his/her last **tetanus vaccine** ? :

Important : no treatment can be administered at school without medical consent.

Full address :

Home Phone Number(s) :

First language : Other language(s) at home :

Last school or child-care :

Choice of families

MS et GS : French-English **bilingual** class – **100% French class**

Elementary : **French-English bilingual** class ou **French-Dutch bilingual** class

College : **DNL English** - **DNL Dutch**

Father

NAME, Surname :

Nationality : Date and place of birth :

Job : Office Phone Number :

Cellphone Number : E-mail address :

Mother

NAME, Surname:

Nationality : Date and place of birth:

Job : Office Phone Number :

Cellphone Number : E-mail address :

Family (other siblings)

Name, Surname, Date of birth, school

-
-
-

Guardian of the child (if different from parents)

NAME, Surname : E-mail address :

Full address (if different) :

.....

I authorize the school to obtain emergency health care treatment for my child as may be deemed necessary. The family will be called immediately.
La famille sera avertie aussitôt par téléphone.

Signature of parent or guardian and Date :