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APPLICATION FORM

STUDENT DETAILS				
Last name				
First name				
Date of birth		Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Nationality				
Place of birth		Country of birth		
No. AVS (Swiss social security number)				
Date of birth of siblings	Brothers			
	Sisters			
Academic year		French Section: <input type="checkbox"/>	Suggested class	
Entry date		English Section: <input type="checkbox"/> Bilingual class: <input type="checkbox"/>		
Full home address				
Resides with	Mother & Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other:

EDUCATION AND LANGUAGES			
Present school or pre-school		Class	
Other schools attended	Academic year	Name of school	Country
Language spoken	With Mother		
	With Father		
	At school		
Other languages <i>(please indicate level for each language: basic / fair / fluent)</i>	French	English	Other(s)

GUARDIAN 1	
Title (<i>Mr or Mrs</i>)	
Last name	
First name	
Nationality	
Relation to the child (<i>father, mother, legal guardian...</i>)	
Profession	
Employer	
Home phone	
Mobile phone	
Office phone	
Email	
Address if different from that of child	

GUARDIAN 2	
Title (<i>Mr or Mrs</i>)	
Last name	
First name	
Nationality	
Relation to the child (<i>father, mother, legal guardian...</i>)	
Profession	
Employer	
Home phone	
Mobile phone	
Office phone	
Email	
Address if different from that of child	

HOLDER(S) OF PARENTAL AUTHORITY			
Mother and Father <input type="checkbox"/>	* Father <input type="checkbox"/>	* Mother <input type="checkbox"/>	* Other <input type="checkbox"/>
Name, address phone and email of other holder of parental authority if different from above			

CORRESPONDENCE				
To be addressed to	Guardians 1 & 2 <input type="checkbox"/>	Guardian 1 <input type="checkbox"/>	Guardian 2 <input type="checkbox"/>	Other <input type="checkbox"/>

BILLING	
Bills to be sent by email to <i>(please indicate only one email address)</i>	
Billing address if different from above	
Company name	
Company HR contact	
International civil servant (organisation)	
VAT exemption <input type="checkbox"/>	

THIRD PARTY INSURANCE	
Company	
Contract number	

FURTHER DETAILS	
Does your child have any learning, physical or emotional difficulties which have affected or could affect his/her behaviour or performance in school? NB. If yes, please submit a description and report with this application.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prior to your child's arrival, once a place has been confirmed, you will receive a medical form to complete and return to the school nurse, together with a copy of your child's vaccination certificate.	

I/We the undersigned, have read and fully accept the current conditions for admission, the General Conditions and Fees and the Privacy and Data Protection Policy.

HANDWRITTEN SIGNATURES OF HOLDERS OF PARENTAL AUTHORITY			
Date	Guardian 1	Guardian 2	Other

A signed copy of the present form should be sent to IIL Admissions by post or email (address below), with the following:

- a passport photo
- a copy of your child's birth certificate
- * extract of the court order relative to parental authority
- a copy of your child's valid passport or identity card
- copies of school reports (current & 2 previous years)

Admissions
 Institut International de Lancy
 Avenue Eugène-Lance 24
 Case postale 1810
 CH-1211 Genève 26
admission@iil.ch