



**APPLICATION FOR ADMISSION**  
**STUDY CENTRE**

**To be completed by the parent having a statutory link with the Institution**  
**and returned to the secretariat of the**

**Early Childhood Centre (CPE)**  
**1, rue Albert Borschette**  
**L - 1246 Luxembourg – Kirchberg**

The undersigned: \*  
 acting in the capacity of \*

the child's father	<input type="checkbox"/>
mother	<input type="checkbox"/>
legal guardian	<input type="checkbox"/>

*tick the corresponding box*

\* *compulsory fields*

asks for the admission of my child to the Study Centre:

Child's surname:\*

First name: \*

**PARENT HAVING A STATUTORY LINK WITH THE INSTITUTION**

Home address: \*

Home telephone: \*

Mobile: \*

Institution : \*

Staff n°: \*

Grade/step: \*

Office telephone: \*

E-mail address: \*

Nationality : \*

Marital status: \*

single	<input type="checkbox"/>	married	<input type="checkbox"/>
widowed	<input type="checkbox"/>	separated	<input type="checkbox"/>
divorced	<input type="checkbox"/>	co-habiting	<input type="checkbox"/>

Nbr of dependent children:\*

\* *compulsory fields*

**SPOUSE OR LIFE PARTNER OF THE PARENT HAVING A STATUTORY LINK WITH THE INSTITUTION**

Surname:

First name:

Nationality:

Telephone:

Mobile:

E-mail address:

Employer:

Employer 's address:

**CHILD**

Surname: \*

First name: \*

Date of birth: \*

Mother tongue: \*

European School: \*

Language section at the  
European School:\*

Class attended in the  
European School as of the  
new school year in  
September \*

(Eg : year 3 primary / year 1  
secondary)

2<sup>nc</sup> and/or 3<sup>rd</sup> language  
studied at the European  
School: \*

Lux 1	
Lux 2	

\* compulsory fields

<b>Requested start date: *</b>	
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**ATTENDANCE** \* (tick the corresponding box)

part-time	<input type="checkbox"/>	once a week	<input type="checkbox"/>
school holidays	<input type="checkbox"/>	temporary arrangement	<input type="checkbox"/>

(See Article 3(6) of the Regulation)

<i>Primary Group</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Total nbr per week

tick the corresponding box

<i>Secondary Group</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Total nbr per week

tick the corresponding box

**MEAL AT CPE**

Day:	Tuesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
			Friday	<input type="checkbox"/>

Food allergy	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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tick the corresponding box

**ACCOMPANIMENT FROM THE EUROPEAN SCHOOL TO THE STUDY CENTRE**

After school	Monday	Tuesday	Wednesday	Thursday	Friday

tick the corresponding box

**PERSON(S) TO BE NOTIFIED AND AUTHORISED TO COLLECT THE CHILD:\*** (*in case of absence of the parents*)

*PERSON 1*

Surname:  
First name:  
Home address:  
Home telephone:  
Office telephone:  
Mobile:

  
  
  
  
  

*PERSON 2*

Surname:  
First name:  
Home address:  
Home telephone:  
Office telephone:  
Mobile:

  
  
  
  
  

*PERSON 3*

Surname:  
First name:  
Home address:  
Home telephone:  
Office telephone:  
Mobile:

  
  
  
  
  

**AUTHORISATION: \***

**I, the undersigned,** (surname and first name of the parent or legal guardian of the child):

**confirm that I have read and understood the rules on admission to and operation of the Early Childhood Centre and accept the conditions.**

**Luxembourg, (date)**

**Signature**

*\* compulsory fields*