

**FOUR-FOREST** 

Bilingual International School Maihofstrasse 95a CH-6006 Luzern Tel. +41 41 320 25 31 Schulleitung www.four-forestschool.ch schulleitung@four-forestschool.ch

# SCHOOL CONTRACT APPLICATION FORM School Luzern

## KINDERGARTEN PRIMARY SCHOOL

Please use capital letters.

| Child's details  |  |  |  |
|--|--|--|--|
| Surname:   |  |  |  |
| First name(s)  |  |  |  |
| Date of birth:   |  | Sex:   |  |
| Nationality:   |  | Siblings:  |  |
| Mother-tongue(s):  |  | Other languages:                                   |  |
| Address:   |  |  |  |
| Current school:  |  | Grade:   |  |
| Kindergarten & Prim<br>Application for:  |  |  |  |
| <ul> <li>□ Kindergarten</li> <li>□ 1<sup>st</sup> grade</li> <li>□ 4<sup>th</sup> grade</li> </ul> | □ 2 <sup>nd</sup> grade<br>□ 5 <sup>th</sup> grade | □ 3 <sup>rd</sup> grade<br>□ 6 <sup>th</sup> grade |  |
| Proposed date of entry:  | schoo  | school year:                                       |  |
| Trial day(s):  |  |  |  |

#### **ADMISSION:**

School Management has the right to contact the child's previous schools for academic details as well as details of their behaviour. Admission is subject to a successful meeting, availability and possible trial days. The decision will be confirmed in writing.



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### Mother's details

| Surname:  |   |  |
|---|---|--|
| First name:   |   |  |
| Mother-tongue:  |   | Nationality:   |
| Marital status:   |   |  |
| Profession & Employer:  |   |  |
| E-Mail:   |   |  |
| Mobile telephone:   |   |  |
| Father's details  |   |  |
| Surname:  |   |  |
| First name:   |   |  |
| Mother-tongue:  |   | Nationality:   |
| Marital status:   |   |  |
| Profession & Employer:  |   |  |
| E-Mail:   |   |  |
| Mobile telephone:   |   |  |
| Company Details (appl   | icable if school fees ar  | e paid by employer)  |
| Terms and Conditions and the curre<br>the completed and signed application<br>subject to the decision of the School<br>Should this application be withdraw<br>year plus the enrolment fee and the | ent price list are legally bon to the school office. To Management regarding on an invoice will be issue a signee/s accept herewithey have read and u | iding contract is concluded. The attached General binding components of this contract. Please return his secures a place for your child at our school g a definitive admission and availability of a place. ed in any case for the first trimester of the school th to pay this bill within 10 days. With their nderstood the General Terms and Conditions y much for the application. |
| Parent's surname and firs (please use capital letters Place & Date:   |   | Parent's signature   |