

**SCHOOL CONTRACT  
APPLICATION FORM**  
School Luzern

**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: \_\_\_\_\_

**Application for:**

3<sup>rd</sup> grade       4<sup>th</sup> grade       5<sup>th</sup> grade       6<sup>th</sup> grade

Proposed date of entry: \_\_\_\_\_ school year: \_\_\_\_\_

**Mother's details**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother-tongue: \_\_\_\_\_ Marital status: \_\_\_\_\_

Profession & Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

### Father's details

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother-tongue: \_\_\_\_\_ Marital status: \_\_\_\_\_

Profession & Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

### Company Details (applicable if school fees are paid by employer)

Company name: \_\_\_\_\_

Billing address: \_\_\_\_\_

Contact person: \_\_\_\_\_

### Further information

Liability insurance: \_\_\_\_\_

Hausarzt/Kinderarzt: \_\_\_\_\_ Phone: \_\_\_\_\_  
Gesundheitszustand  
(Allergien etc). \_\_\_\_\_

Letzte Impfungen am: \_\_\_\_\_ Which: \_\_\_\_\_

Medikamente: \_\_\_\_\_

Ernährung (spezielles): \_\_\_\_\_  
Schulpsychologische  
Abklärungen, Therapien: \_\_\_\_\_

Please note that with signing this school contract a legal binding contract is concluded. The attached General Terms and Conditions and the current price list are legally binding components of this contract. Please return the completed and signed application to the school office. This secures a place for your child at our school subject to the decision of the School Management regarding a definitive admission and availability of a place. Should this application be withdrawn an invoice will be issued in any case for the first trimester of the school year plus the enrolment fee and the signee/s accept herewith to pay this bill within 10 days. **With their signatures parents confirm that they have read and understood the General Terms and Conditions and the terms of this application form. Thank you very much for the application.**

Parent's surname and first name \_\_\_\_\_

Parent's signature  
(please use capital letters) \_\_\_\_\_

Place & Date: \_\_\_\_\_