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| **PRE-REGISTRATION FORM NEW PUPIL** |

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| Information pupil |  |
| Last name: | Birth names: |
| First name: | Gender: M / F |
| Address: | Zip code: |
| Place: | Date of birth: |
|  |  |
| Brother(s)/sister(s): |  |
| Name: | Name: |
| Gender: M / F | Gender: M / F |
| Date of birth: | Date of birth: |
|  |  |

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| --- | --- |
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**Information parent / caregiver (1) Information parent / caregiver (2)**

|  |  |
| --- | --- |
|  |  |
| Last name: | Last name: |
| Name: | Name: |
| Gender: M / F | Gender: M / F |
| Relation with the pupil: | Relation with the pupil: |
| Phone number mobile: | Phone number mobile: |
| Phone number work: | Phone number work: |
| E-mail: | E-mail: |
|  |  |

***Did you already visited our school with a tour or information morning?***

***O yes O no***

When you haven’t visited our school yet, we will contact you to make an appointment for a information morning or personal visit.