PRIVATE EDUCATION

PLEASE COMPLETE THIS FORM IN FULL

BDS FORMULA

1. STUDENT

MR. ☐
MS. ☐ Last Name

First Name

Date of birth
Format JJ.MM.AAAA

Nationality

If Swiss: Canton and municipality of origin

Mother tongue (first language spoken)

Country of origin

Date of first residence in Geneva
Format MM.YYYY

If Swiss: Canton & municipality of origin

Official address
Street and number

Postal code & locality

Canton / Country

Home phone number

P.O. Box and Post Office

PARENTS OF THE STUDENT	2. PARENT	3. PARENT
Last Name		
First Name		
Relationship to child	MOTHER ☐ FATHER ☐	MOTHER ☐ FATHER ☐
Legal representative	OUI ☐ NON ☐	OUI ☐ NON ☐
Occupation		
Employment status	EMPLOYED ☐ SELF-EMPLOYED ☐ FULL-TIME ☐ PART-TIME ☐	EMPLOYED ☐ SELF-EMPLOYED ☐ FULL-TIME ☐ PART-TIME ☐
Shared custody	YES ☐	YES ☐
Same address as the student	YES ☐	YES ☐
If not, please provide address Str. & number		
Postal code and locality		
Canton / Pays		
Home phone/mobile		
Email		

4. SCHOOL SITUATION

Contact details of the previous school

Name

Address

Phone

Email

Do you authorise École Montessori Saint-Jean to contact the previous school?

YES ☐ NO ☐

Comments

5. SPECIALIZED FOLLOW-UP

Has the child been followed by one or more specialists (speech therapist, psychologist, psychomotor therapist, etc.)?

YES ☐ NO ☐

If yes, do you authorize the Montessori Saint-Jean School to contact the specialist(s)?

YES ☐ NO ☐

If yes, please provide their contact details

Name

Speciality

Phone

Email

Place

Date

Date of arrival in the class

(Only if the student arrived during the school year)