

Pre-registration form

Maison Relais Packatuffi

119, Am Bierg
L-9768 Reuler

+ 352 27800-602
inscription.rpac@elisabeth.lu
rpac.elisabeth.lu

Form SEA-02

<p>This form is a pre-registration of your child on our waiting list. Depending on availability, you will be as soon as possible to clarify possible admission.</p>	<h1 style="margin: 0;">SCHOOL YEAR 2024/2025</h1>
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CHILD'S PERSONAL DATA	
Surname	Birth date / /
First name	Name of sibling(s) (already attending our Maison Relais)
Address	Enrolment from / /
-	Cycle / Age at admission C.: / years

FREQUENCY OF ENROLMENT

<input type="checkbox"/> fixed enrolment (annual enrolment, the schedule does not vary during school weeks) <input type="checkbox"/> variable registration (monthly enrolment, the schedule may vary from week to week) <input type="checkbox"/> occasional enrolment (the child only attends on certain days during the month)	<input type="checkbox"/> National School <input type="checkbox"/> International School Class: _____
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		Monday	Tuesday	Wednesday	Thursday	Friday
TIMETABLE	07:00-08:00					
	08:00-09:00	SCHOOL	SCHOOL	SCHOOL	SCHOOL	SCHOOL
	09:00-10:00	SCHOOL	SCHOOL	SCHOOL	SCHOOL	SCHOOL
	10:00-11:00	SCHOOL	SCHOOL	SCHOOL	SCHOOL	SCHOOL
	11:00-12:00					
	12:00-13:00					
	13:00-14:00					
	14:00-15:00	SCHOOL		SCHOOL		SCHOOL
	15:00-16:00					
	16:00-17:00					
17:00-18:00						
18:00-19:00						

LEGAL GUARDIANS			
Legal guardian 1		Legal guardian 2	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Surname		Surname	
First name		First name	
Address _____		Address _____	
Personal tel.		Personal tel.	
Mobile		Mobile	
E-mail		E-mail	
Employment status		Employment status	
Working hours/week		Working hours/week	
<input type="checkbox"/> enrolled in ADEM		<input type="checkbox"/> enrolled in ADEM	
<input type="checkbox"/> maternity /parental leave from _____ to _____		<input type="checkbox"/> maternity /parental leave from _____ to _____	
<input type="checkbox"/> student		<input type="checkbox"/> student	
Comments :		Comments :	
Place:		Date:	
		_____ Signature of legal guardian	