



## SCHOOL YEAR / REGISTRATION FORM

Last Name:.....

First Name(s): .....

Date of birth:..... Place of birth: .....

Nationality:..... Mother tongue:.....

E-mail:..... Sex:  Female  Male

### School year

September 20 .....- June 20.....  January 20 ..... - December 20 .....  April 20 ..... - March 20 .....

A student who wishes to commence the school year at another date must make a written request which must then be accepted by the school.

### Choice of programme

Section:  8th Grade  High School  Post High School 13th Grade programme

Stay as:  7 days boarder  5 days boarder  Day school

### Father

Last Name:.....

First Name(s): .....

Private address:.....

.....

.....

.....

### Private details

Tel: .....

Fax .....

E-mail:.....

### Professional details

Tel: .....

Fax: .....

E-mail:.....

Profession:.....

### Mother

Last Name:.....

Maiden Name: .....

First Name(s):.....

Private address (if different):.....

.....

.....

### Private details

Tel.:.....

Fax:.....

E-mail:.....

### Professional details

Tel:.....

Fax:.....

E-mail:.....

Profession: .....

Marital status:  Married  Separated  Divorced  Other

Holder of parental authority:  Both  Mother  Father  Other: .....

**Other information**

I know Brillantmont through  Friend  Former student  Other school  
 Internet  Advert  Education adviser  
 Other: .....

Issuing country of passport: .....

Passport No.:.....

Expiry date: .....

Student resident in Switzerland  Town of residence: .....

Permit:  B  C

**Health/accident insurance**

Are you insured with a Swiss insurance company?  yes  no

If yes, which? .....

(please enclose a certificate)

Preferred weekly pocket money (for boarding students): CHF .....

**In an emergency**

*Coordinates of a person to be contacted in an emergency if it is impossible for us to contact the parents.*

Last Name:..... First Name: .....

**Private details**

Tel: ..... Fax: .....

E-mail: .....

Relation to student: .....

**Payment of school fees**

Name and address of the person / company responsible for payment of school fees:  
.....  
.....  
.....

*I confirm that I have read and that I accept the school's financial conditions.*

Signature of parents or responsible person: .....

Date: .....

*Brillantmont reserves the right to use images of students in official school publications (prospectus, website etc.) for marketing and promotional purposes. If you do not wish for images of your child to be used, please notify the school in writing.*

On receipt of the registration form, duly signed, and the fee of CHF 1'600.-, the admissions process will begin.

Four questionnaires – parents, student, current school and medical will be sent to you. On receipt of these completed questionnaires and school reports for the last three years, admission will be reconsidered. Confirmation will be sent to you if all of the required conditions are met.