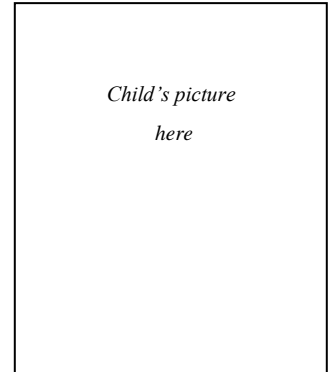




ÉCOLE BILINGUE
NOTRE-DAME DE SION
1963

APPLICATION FORM

2019-2020 2020-2021 2021-2022



Kindergarten	1	2	3	4	5	6
	Cycle 1		Cycle 2		Cycle 3	

Child's surname : _____ First name : _____

Date of birth : _____ Girl _____ Boy _____

Child's mother tongue : French _____ English _____ Other (specify) _____

Languages spoken at home : French _____ English _____ Other _____

Level of French : _____ Level of English : _____

Religion : Buddhist _____ Christian _____ Hindu _____ Jewish _____ Muslim _____ Other _____

Allergies : Yes _____ No _____ Special medical condition : _____

Previous schooling & daycare or kindergarten presently attending : _____

Siblings (first name/age) _____

Address : N° _____ Street _____ Apt. _____

City _____ Postal Code _____

Phone : Home _____ Mother's office : _____ Father's office : _____

Mother's name : _____ Father's name : _____

Mother's occupation Mother's email Father's occupation Father's email

Mother's country of origin Father's country of origin

How did you learn about *EBNDS* ? Family/Friends _____ Publicity _____ Web Site _____ Other _____

PLEASE SEND/RETURN TO THE SCHOOL THE FOLLOWING :

- This application form with your child's picture attached
- A certified copy of your child's birth certificate
- A cheque in the amount of \$50 (non-refundable) made payable to EBNDS for administrative fees.
Please write your child's name and grade level clearly on the front of the cheque.

