



APPLICATION FORM

Collez la photo
de votre enfant ici

2022-2023 2023-2024 2024-2025

Kindergarten 4	Kindergarten 5	1	2	3	4	5	6
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1^{er} cycle 2^e cycle 3^e cycle

Child's surname : _____ First name : _____

Date of birth : _____ Girl _____ Boy _____

Child's mother tongue : French _____ English _____ Other _____

Language spoken at home : French _____ English _____ Other _____

Level of French : _____ Level of English : _____

Religion: Buddhist___ Christian___ Hindu___ Jewish___ Muslim___ Other _____

Allergies : Yes No Medical Condition : _____

Previous schooling/daycare/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 Dad's email

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

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

