



APPLICATION FORM

Collez la photo
de votre enfant ici

2023-2024 **2024-2025** **2025-2026**

Kindergarten 4	Kindergarten 5	1	2	3	4	5	6
		1 st cycle		2 nd cycle		3 rd cycle	

Child's surname : _____ First name : _____

Date of birth : _____ Girl ___ Boy ___ Other Gender ___

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 cell : _____ Father's cell : _____

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 ___

