ÉCOLE BILINGUE
NOTRE-DAME DE SION
1963

APPLICATION FORM

Collez la photo de votre enfant ici

2026-2027 ⬭ **2027-2028** ⬭ **2028-2029** ⬭

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