

INFORMATION & REGISTRATION SHEET

Academic Year 20.. / 20..

- Please fill in the document with capital letter. All fields are mandatory.
- **Any change to the following information during the school year must be reported to school notice**
- In case of an emergency or accident, an injured or sick student will be transported by the emergency help services to the nearest hospital. The family will be informed as soon as possible.
- This document has to be returned to secretariatefic@gmail.com with cc to dafefic@gmail.com or has to be given directly to Hiruni RANWALA
- Information in this sheet will stay confidential

1) THE STUDENT

First Name	
Last Name	
Grade applied	

Gender: Male Female

Date of entry at EFIC	Day:	Month:	Year:
Date of Birth	Day:	Month:	Year:
Place of Birth	City:	Country:	
Nationality			
Mother tongue			
Spoken languages			
Name of previous school			
Address of previous school			
Section attended in previous school			

Section attended in previous school:

French only Bilingual French - Other: *(please specify)*

Bilingual French-English Other: *(please specify)*

Knowledge of French:

No knowledge Beginner Intermediate Fluent

Knowledge of English:

No knowledge Beginner Intermediate Fluent

2) HEALTH

Known allergy		
Specific precautions to be taken		
Family Doctor	First Name and Last Name: Address:	Phone:

Specific diet: Vegetarian Non Vegetarian Do not eat Pork other:

- **Does the student need to wear glasses in class:** Yes No
- **Does the student need to wear glasses during recreation time:** Yes No
- **Does the student need to wear glasses during sport activity:** Yes No

3) PARENTS OR LEGAL GUARDIANS

	Parent 1
First Name	
Last Name	
Spouse name	
Address	
Landline	
Mobile	
Email	
Status <i>(single, married, divorced, separated, widower)</i>	
Profession	

Parent 2

Parental Authority Parent 1: YES NO

Parental Authority Parents 2: YES NO

If one of the parent has no parental authority, please send us a copy of the official documents (divorce decree)

4) PAYMENTS ARE MANAGED BY

The Family *

A Company

Name of the Company		
Address of the Company		
Contact person of the billing department	First Name	
	Last Name	
	Position	
	Phone	
	Email	

* **Note:** If the school fees are paid by the family and reimbursed by Enterprise/organisation, then school fees for Enterprise/organisation should apply.



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5) IN CASE OF EMERGENCIES, PEOPLE TO CONTACT

People to contact in case of an emergency		Telephone	Address	Gender (Male/ Female)	Relation (Parent/ Nanny/ Driver/ Friend...)
<i>First Name:</i>	<i>Last Name:</i>				
<i>First Name:</i>	<i>Last Name:</i>				
<i>First Name:</i>	<i>Last Name:</i>				
<i>First Name:</i>	<i>Last Name:</i>				

6) IN CASE OF EMERGENCIES, PEOPLE PERMITTED TO PICK UP THE CHILD

People permitted to pick up the child:		Telephone	Address	Gender (Male/ Female)	Relation (Parent/ Nanny/ Driver/ Friend...)
<i>First Name:</i>	<i>Last Name:</i>				
<i>First Name:</i>	<i>Last Name:</i>				
<i>First Name:</i>	<i>Last Name:</i>				
<i>First Name:</i>	<i>Last Name:</i>				

7) DURATION OF STAY FOR NON SRILANKAN RESIDENT ONLY

Duration of your stay?	
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8) INSURANCE

Civil liability insurance: Yes No

Insurance Name:

Insurance police number:

Insurance coverage until:

Personal accident insurance: Yes No

Insurance Name:

Insurance police number:

Insurance coverage until:

9) FOR STUDENTS FROM 6ème to Terminal ONLY

- My child is authorized to leave school alone after class is finished: Yes No

10) FOR STUDENTS FROM 2ND TO Terminal ONLY

- My child is authorized to leave alone the school during the lunch break: Yes No

11) STUDENT PHOTO AND VIDEO MANAGEMENT

As a part of the school activities, photos and videos of your child may be taken.

I **authorize** my child to appear in the school photos

▶ I authorize the publication of photographs **within the school** (bulletin boards/ class photos) in which my child appears.

Yes No

▶ I authorize the publication of photographs and videos **on the school website, Facebook and Instagram Page of the school.**

Yes No

Note: The captions will not include any information which can help identifying the student or his family.

I **do not authorize** my child to appear in any photographs taken by the school.

I attest that I have read and agreed to the terms of the **internal** rules and the **financial** rules of EFIC

Place:

Date:

Signature Parent 1 :

Signature Parent 2: