

Re-enrolment Form 2019

Name of the School

Date received:

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Student data

Surname:

First Name(s):

Gender:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Date of birth:

Nationality:

Student Residential address:

Current or last school :

Current grade:

Level of Entry:

Parent or guardian data

Father or Guardian 1

Surname:

First Name(s):

Telephone numbers:

Email address:

Mother or Guardian 2

Surname:

First Name(s):

Telephone numbers:

Email address:

Name of people authorised to pick up the child at school	
Medical condition of the student Please list any medical conditions of the learner (allergy,diabete, asthma, other)	

Vaccination

I hereby certify that my child’s vaccination record is up-to-date (yellow fever, typhoïde).

Authorization of medical attention

I authorize the Enko Education direction, in case of an emergency, to take any necessary action regarding my child (medical care, hospitalisation, surgical intervention). I confirm having informed the Enko school of my child’s medical condition.

Authorization for school trips

I authorise my child to participate in fieldtrips, outings, curricular and extracurricular activities organised by EnkoEducation.

Parental authorization for the use of digital photos of students

I authorize Enko Education to use photos and digital images of my child in publications about the school or on its website and social media accounts. I am informed that they will only be used in educational material and that the identity of my child will be protected.

Name		
Signature		