

Mougins School Enrolment Form



Please print and return, signed, to the school office with the appropriate application fee.

Family Name of Pupil :

First and Middle Names :

Date of Birth : Sex :
(Day/Month/Year)

Age on 1st September 20 : years months

Place of Birth : Nationality :

Mother Tongue : Other Languages :

Name/Address of previous school :
.....

Name of Parent/Guardian*

Parent's first names :

Family details (married, divorced, etc.)

Home Address :
.....

Home Tel N° : Emergency Contact N° :

Profession of mother : Profession of father :

Full Business Name and Address :
.....

Business Tel 1 : Business Tel N° :

Fax : e-mail:.....

To which address should the invoice be sent ?
.....

Please disclose any Special Needs your child has. (This can include physical disabilities,
sensory impairment or learning difficulties).
.....

I hereby confirm the above information is correct / Je soussigné(e) certifie que les
renseignements ci-dessus sont exacts.

Signature of Parent / Guardian* : Date :

FOR SCHOOL USE ONLY

Form at entry : Date of Entry :