



ADMISSION REQUEST IN WELCOME CLASSES IN A MIDDLE SECONDARY SCHOOL "CYCLE D'ORIENTATION"

SCHOOL YEAR 2021-2022

DO NOT FILL. INTENDED FOR THE EXCLUSIVE USE OF THE SCHOOL :

nBDS : CO Secteur :

Affectation : **CO :** ADS : Classe :

Cours LM : CO : Jour : Enseignant :

P: Enfant : Parent 1 : Parent 2 :

Assurance maladie : démarche CS à effectuer Fratrie - combien :

MNA RMNA Procédure SALSP/OEJ à effectuer :

Interprète CR :

Observations :

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TO BE COMPLETED BY THE STUDENT'S LEGAL REPRESENTATIVES :

STUDENT

Last name : First name : Gender : M F

Date of birth (DD-MM-YYYY) : Nationality :

Home address (street, building number) :

Postcode : Town :

Mailing address if different :

Postcode : Town :

Name on the mailbox :

Country of origin :

Mother tongue : Other spoken language(s) :

Language of schooling :

EDUCATIONAL STATUS

Name of last school attended : Year of schooling 2020-2021 (grade/class/level) :

City where the school is located : Contry where the school is located :

Foreign languages studied :

German for year(s) from grade to grade

English for year(s) from grade to grade

for year(s) from grade to grade

..... for year(s) from grade to grade


School career over the last 2 years	Grade/class/level	Language of schooling	School name	City where the school is located	Country where the school is located
2019-2020					
2018-2019					

- Does the child have DYS disorders ? no yes, which ones ? :
- Does the child benefit from educational support measures ? no yes, which ones ? :
- Has the child skipped class ? no yes, which grade ? :
- Has the child repeated a year of schooling ? no yes, which grade ? :

SIBLINGS

Brothers and sisters, list them from oldest to youngest :

Last name and first name	Date of birth	Name of attended school 2019-2020	Lives with the student
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

STUDENT'S PARENTS	PARENT <input type="checkbox"/> father <input type="checkbox"/> mother	PARENT <input type="checkbox"/> father <input type="checkbox"/> mother
Last name		
First name		
Legal representative	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Occupation		
Position in the occupation	<input type="checkbox"/> employee <input type="checkbox"/> self-employed <input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> employee <input type="checkbox"/> self-employed <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Workplace		
Business phone number		
Cell phone number		
Spoken language (s)		
Email 		
Lives with the student	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If not , home address (street, building n°)		
Postcode and town		
Canton / Country		
Home phone number		
Marital status	<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> partner <input type="checkbox"/> widow/er <input type="checkbox"/> deceased	<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> partner <input type="checkbox"/> widow/er <input type="checkbox"/> deceased

	LEGAL REPRESENTATIVE if not mother or father	RELATIVE or INSTITUTION WHERE STUDENT LIVES PROCHE (nor mother, neither father or legal representative)
Last name		
First name		
Legal representative	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Occupation		
Position in the occupation	<input type="checkbox"/> employee <input type="checkbox"/> self-employed <input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> employee <input type="checkbox"/> self-employed <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Workplace		
Business phone number		
Cell phone number		
Spoken language (s)		
Email ✉		
Lives with the student	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If not , home address (street, building n°)		
Postcode and town		
Canton / Country		
Home phone number		
Marital status	<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> partner <input type="checkbox"/> widow/er <input type="checkbox"/> deceased	<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> partner <input type="checkbox"/> widow/er <input type="checkbox"/> deceased

Physical condition / Health of the student :

NB Health-related information can be brought to the attention of the nurse in the child and youth health service, who can also be contacted to the following number ☎022 546 41 00 :

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Other information you would like to give in the best interests of the child :

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Place and date :

Parent's signature* : father mother other person

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Parent's signature* : father mother other person

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*Mandatory signature if legally responsible

Form and supporting documents (unstapled and recto only) are to be sent back :

by email to admissions.dgeo@etat.ge.ch

or

by post to Direction générale de l'enseignement obligatoire - DGEO
Service organisation et planification
Chemin de l'Echo 5A
1213 Onex

☎ +41 (0)22 327 04 00

www.ge.ch/inscrire-mon-enfant-au-cycle-orientation