



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

**SCHOOL YEAR 2025-2026**

**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 SASLP/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 (day-month-year) : ..... Nationality : .....

Home address (street, building number) : .....

Postal code : ..... Town : .....

Name on the mailbox : .....

Home phone number : ..... Health insurance name : .....

Mailing address if different : .....

Postcode : ..... Town : .....

Name on the mailbox : .....

Date of arrival in Geneva : ..... Provenance country and canton if Switzerland : .....

Mother tongue (1st language spoken) : ..... Other spoken language(s) : .....

Language of schooling : .....

### EDUCATIONAL STATUS

Name of the last school attended : .....

Last year attended (grade/class/level) : ..... until (month/year) : .....

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

Foreign languages studied :

English	number of years : .....	from grade .....	to grade .....
German	number of years : .....	from grade .....	to grade .....
.....	number of years : .....	from grade .....	to grade .....
.....	number of years : .....	from grade .....	to grade .....

School career over the last 4 years	Grade/class/level	Language of schooling	School name	City where the school is located	Country where the school is located

Does the child have DYS disorders ? ☐ no ☐ yes, which one(s) ? : .....

Does the child benefit from educational support measures ? ☐ no ☐ yes, which one(s) ? : .....


Has the child skipped class/grade ? ☐ no ☐ yes, which grade ? : .....


Has the child repeated a year of schooling/grade ? ☐ no ☐ yes, which grade ? : .....

## SIBLINGS from 4 to 20 years old

Brothers and sisters, list them from oldest to youngest :

Last name and first name	Date of birth	Name of attended school	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		
Private 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
<b>If not</b> , 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"/> widowed <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"/> widowed <input type="checkbox"/> deceased

	LEGAL REPRESENTATIVE if not mother or father	RELATIVE or INSTITUTION WHERE THE STUDENT LIVES (not mother, father or legal representative)
Last name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs
First name		
Relationship		
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		
Private 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
<b>If not</b> , 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"/> widowed <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"/> widowed <input type="checkbox"/> deceased

Physical condition / Health of the student :

NB Health-related information can be brought to the attention of the nurse (childhood and youth health service), who can also be contacted at 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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Other information you would like to give to the teachers :

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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

#### **Mandatory documents to be attached**

- ☐ ID document (copy of identity card, passport, legitimization card issued for the canton of Geneva or residence permit issued in Geneva) for the child.
- ☐ ID document (copy of identity card, passport, legitimization card issued for the canton of Geneva or residence permit issued in Geneva) for both parents.
- ☐ Proof of health insurance affiliation, if available.
- ☐ Report cards/Transcript for the current school year and the previous year (copies).
- ☐ Authorization from the other parent if he is or she is absent from Geneva or court decision in the event of separation.

**Additional documents may be requested.**

#### **Form and supporting documents (unstapled and recto only) to be returned :**

**by email to** [admissions.dgeo@etat.ge.ch](mailto: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](http://www.ge.ch/inscrire-mon-enfant-au-cycle-orientation)