



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 SALSP/OEJ à effectuer : ☐

Interprète CR :

Observations :

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
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"/> 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
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"/> 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

.....

*Mandatory signature if legally responsible

Mandatory documents to be attached

- ☐ ID document (copy of identity card, passport, legitimation card issued for the canton of Geneva or residence permit issued in Geneva) for the child.
- ☐ ID document (copy of identity card, passport, legitimation 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

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