



International School São Lourenço

EST. 1979

Enrolment Form

If you would like to reserve a place for your child at International School São Lourenço, please complete this form and return it to the Admission Secretary as soon as possible, together with the fee of €400 to secure a place on the school's enrolment list.

If the school cannot provide a placement for your child, this fee will be refunded. If you decide to retract your expression of interest then this fee becomes non-refundable.

CHILD'S DETAILS

Date of intended entry to ISSL (month / year): _____

First names: _____

Surname / family name: _____

Date of Birth (DD/MM/YYYY): _____ Boy () Girl ()

Nationality (passport held): _____

Previous School: _____

PARENT'S DETAILS

Full name of Father / Guardian: _____

Full Name of Mother / Guardian: _____

Current country of residence: _____

Contacts:

Telephone: _____ Mobile: _____ Fax: _____

email: _____

IMPORTANT

Documentation

Entry to school is subject to approval, once the full **Application for Pupil Admission** form has been completed and sent to the Admissions Secretary together with all **required documentation** and completed **Medical Form**.

If we do not receive these documents from you two weeks before the date of intended entry you have indicated at the top of this page, a place for your child cannot be guaranteed.

Payment

Please note that the first term's fees must be paid in advance, together with a security deposit for all school supplied equipment, of €1.000. There will be no reduction or refund for absence or withdrawal. Intent to leave the school must be given in writing a full term in advance in order to receive the refund of the security deposit and to avoid liability for the payment of the following term's fees.

Parent's declaration: *I agree to all terms stated above and wish to reserve a place on the waiting list for my child at International School São Lourenço. By enrolling my child in the school I accept that, in the event of an accidental injury to my child, the normal school insurance policy will apply and no individual member of staff will be held liable.*

Signed:.....Parent/ Guardian Date:...../...../.....