

Application for enrolment at the International School Junglinster

for the academic year 2018/2019

Classes

Primary

- P1 (German)
 P1 (English)

Secondary

- S1 (German)
 S1 (English)

Information concerning the pupil

Surname: _____ First name : _____

Address : _____ Place of birth: _____

L- _____ Town : _____ Social security nr. : _____

Sex : female male Nationality : _____

Date of birth : _____ Tel. (mobile): _____

Class attended the previous year: _____ at school : _____

Language(s) spoken by the child: _____ with the mother : _____

with the father : _____

Number of children in the family : _____

Does your child have:

Learning difficulties requiring Learning Support? Yes No

Learning disabilities requiring Special Support? Yes No

If so, please specify:



Language choices

L2 : German English French

L3 : (only for S1) German English French

What language was the child educated in last year:

Knowledge of student's languages levels:

Language:.....	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Oral only
Language:.....	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Oral only
Language:.....	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Oral only
Language:.....	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Oral only

In the child's best interest to choose the appropriate language section, the School reserves the right to require the child to take an interview/language test before confirming the registration.

Information about the parents

Parent 1 : Mother Father Guardian

Surname : _____ First name : _____

Tel. mob. : _____ Tel priv. : _____ Tel office. : _____

E-mail : _____ Job : _____

Please complete the address **only if it differs from the pupil's address**

Address : _____ L - _____

Parent 2 : Mother Father Guardian

Surame : _____ First name : _____

Tel. mob. : _____ Tel priv. : _____ Tel. office : _____

E-mail : _____ Job : _____



Please complete the address **only if it differs from the pupil's address**:

Address : _____ L - _____

.....
Date

Signature of the parents

Adresse :
2, rue Victor Ferrant
L-6122 Junglinster

 (+352) 27 69 63 - 221/222
 (+352) 27 69 63 - 290

Email :
secretariat@llj.lu

Web :
www.llj.lu

Required documents

- A copy of the last school reports (to provide upon receipt)
- A passport-sized photo

and


for children who have not attended the official Luxembourgish cycle 4.2.:

- A copy of the last report sheet or a certificate testifying to your child's competences in the following subjects: Mathematics, Language 1 and Language 2.



for children who have attended the official Luxembourgish cycle 4.2.:

- A copy of the orientation decision (to provide upon receipt)

To be handed in at the Lënster Lycée until the 15th March 2018



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