



Application for enrolment at the International School Junglinster for the academic year 2019/2020

Classes

<u>Primary</u>	<u>Primary</u>	<u>Secondary</u>
<input type="radio"/> Kindergarten (DE)	<input type="radio"/> Kindergarten (EN)	<input type="radio"/> S1 (DE)
<input type="radio"/> P1 (DE)	<input type="radio"/> P1 (EN)	<input type="radio"/> S1 (EN)
<input type="radio"/> P2 (DE)	<input type="radio"/> P2 (EN)	<input type="radio"/> S2 (DE)
<input type="radio"/> P3 (DE)	<input type="radio"/> P3 (EN)	<input type="radio"/> S2 (EN)
<input type="radio"/> P4 (DE)	<input type="radio"/> P4 (EN)	<input type="radio"/> S3 (DE)
<input type="radio"/> P5 (DE)	<input type="radio"/> P5 (EN)	<input type="radio"/> S3 (EN)

Information concerning the pupil

Surname: _____ First Names: _____

Address: _____ Place of birth: _____

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

Sex: female male Nationality: _____

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

Class attend the previous year: _____ at school: _____

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

with the father: _____

Number of children in the family: _____ Siblings attending ISJ: _____

Name: _____ Class: _____

Does your child have:

Learning difficulties requiring Learning Support? Yes No

Learning disabilities requiring Learning Support? Yes No



If so, please specify:

Language choices

L2 : German English French
L3 : (for Secondary) German English French

What language was the child educated in last year:

Knowledge of student's language 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.



Adresse:
2, rue Victor Ferrant
L-6122 Junglinster

Adresse postale:
BP 63
L-6101 Junglinster

Téléphone:
(+352) 276963-1

E-mail:
Secretariat.direction@ilj.lu

Web:
WWW.IIJ.LU



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 pupil's address

Address: _____ L- _____

Parent 2 : Mother Father Guardian

Surname: _____ First name: _____

Tel. Mob.: _____ Tel: priv.: _____ Tel. office: _____

E-mail: _____ Job: _____

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

Address: _____ L- _____

Required documents

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

for children who have not attended the official Luxemburgish cycle 4.2:

- A copy of the last school report testifying to your child's competences as studied in the previous academic year. Originals may be requested for verification.

for children who have attended the official Luxemburgish cycle 4.2:

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



Adresse:
2, rue Victor Ferrant
L-6122 Junglinster

Adresse postale:
BP 63
L-6101 Junglinster

Téléphone:
(+352) 276963-1

E-mail:
Secretariat.direction@llj.lu

Web:
WWW.LLJ.LU

Opinion of the Coordinator / Deputy Head:

Decision of the Headmaster:

Accepted Refused

Comments : _____

Signature: _____



Adresse:
2, rue Victor Ferrant
L-6122 Junglinster

Adresse postale:
BP 63
L-6101 Junglinster

Téléphone:
(+352) 276963-1

E-mail:
Secretariat.direction@llj.lu

Web:
WWW.LLJ.LU

