

REGISTRATION

Academic Year 20____/20____

Year Group:

- ☐ Pre-reception ☐ Reception ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6
☐ Year 7 ☐ Year 8 ☐ Year 9

CHILD

Full Name: _____

Gender: ☐ M ☐ F

Date of Birth: ____/____/____ Country of Birth: _____

Place of Birth: _____

Nationality (ies): _____

Mother Tongue: _____

Passport Number: _____ Expiry Date: ____/____/____

Place of Issue: _____

Identity Card Number.: _____ Expiry Date: ____/____/____

Place of Issue: _____

Fiscal Number: _____

Place of Residente: _____

Postcode: ____ - ____ Area: _____

Name of Previous School: _____

Address of Previous School: _____

Postcode: ____ - ____ Area: _____

Country: _____

Contact Details of Previous School:

Telephone number: _____

Email: _____

Signature of Person Legally Responsible for Education:

(As in Passport or Identity Card)

LEGAL GUARDIAN

☐ Father ☐ Mother ☐ Other _____

Full Name: _____

Nationality (ies): _____

Passport Number: _____ Expiry Date: ____/____/____

Place of Issue: _____

Identity Card Number.: _____ Expiry Date: ____/____/____

Place of Issue: _____

Fiscal Number: _____

Telephone Number: _____ Mobile Number: _____

Professional Occupation: _____

Email: _____

Address: _____

Postcode: _____ - _____ Area: _____

Country: _____

FATHER

Full Name: _____

Nationality (ies): _____

Passport Number: _____ Expiry Date: ____/____/____

Place of Issue: _____

Identity Card Number.: _____ Expiry Date: ____/____/____

Place of Issue: _____

Fiscal Number: _____

Telephone Number: _____ Mobile Number: _____

Professional Occupation: _____

Email: _____

Address: _____

Postcode: _____ - _____ Area: _____

Country: _____

Signature of Person Legally Responsible for Education:

(As in Passport or Identity Card)

MOTHER

Full Name: _____

Nationality (ies): _____
Passport Number: _____ Expiry Date: ____/____/____
Place of Issue: _____
Identity Card Number.: _____ Expiry Date: ____/____/____
Place of Issue: _____
Fiscal Number: _____
Telephone Number: _____ Mobile Number: _____
Professional Occupation: _____
Email: _____
Address: _____
Postcode: _____ - _____ Area: _____
Country: _____

EMERGENCY CONTACT DETAILS

Father: _____
Mother: _____
Grandparents: _____
Other: _____

Signature of Person Legally Responsible for Education:

(As in Passport or Identity Card)

Declaration

I _____, the person legally responsible for the education of _____ (Name of Child), declare that all the information given is truthful and accurate and I assume full responsibility for any inaccuracies.

Full Name of Person Legally Responsible for Education

Signature of Person Legally Responsible for Education

(As in Passport or Identity Card)

Loulé, _____ of _____ 20____.

