



HESPERANGE

Grand-Duché de Luxembourg

Compartment reserved for the municipal administration :

Date of receipt: \_\_\_\_\_

## Enrolment early education class School year 2024/2025

### Child

Family Name:	
First Name:	
Gender:	<input type="checkbox"/> female <input type="checkbox"/> male
Social security number:	
Place of birth:	
Nationality:	
Native language:	
Attended a nursery:	<input type="checkbox"/> yes <input type="checkbox"/> no

### Legal representatives

Family Name:	Family Name:
First Name:	First Name:
Social security number:	Social security number:
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Tutor:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Tutor:
Mobile phone number:	Mobile phone number:
Private phone number:	Private phone number:
Office phone number :	Office phone number :
Email :	Email :
Home address _____	Home address _____
_____	_____

### Registration periods (at least 4 mornings)

<b><u>Morning</u></b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b><u>Afternoon</u></b>	<input type="checkbox"/> Monday Afternoon		<input type="checkbox"/> Wednesday Afternoon		<input type="checkbox"/> Friday Afternoon

### New school hours

<b><u>Morning</u></b>	07:50 à 11:30 a.m.
<b><u>Afternoon</u></b>	13:45 à 15:45 p.m.

## Additional information about your child

Native language	
My child currently attends a childcare facility (e.g. crèche)	<input type="checkbox"/> yes <input type="checkbox"/> no
My child has difficulties with the Luxembourgish language - oral expression - comprehension	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
My child's health requires special attention (allergies or other):	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If yes,</b> _____ _____ _____	
My child requires special care :	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If yes:</b> _____ _____ _____	



### IMPORTANT INFORMATION

- Please note that once a class allocation has been made, it is irrevocable and no changes of any kind will be made (change of timetable, change of class).
- As the number of places in « maison-relais » is limited, please contact the contact the secretariat of „maison-relais“(36 08 08-6900).
- A time slot will be set in which you can bring your children. You will be informed by the class teacher. In order to ensure that lessons run smoothly, this time slot must be respected.

I have taken note of the above remarks.

**Unsigned forms will be returned**

Date \_\_\_\_\_

Signature: \_\_\_\_\_

If you have any problems or require further information, please contact the local school office

Daniela ANDERLINI phone: 360808 – 2222  
Marie-Paule MULLER phone: 360808-2268  
Michel DONVEN phone: 360808 - 2225  
Chantal BERNARD phone: 360808 - 2231  
Martine WAGNER phone: 360808 - 2230