



## STUDENT REGISTRATION FORM

ID  
picture

### STUDENT DETAILS

FULL NAME: .....

Date of birth: .....  Male  Female

Nationality *(ies)*: .....

For non-CH, please specify residency status & validity:  
.....

Accommodation:  External      Boarding:  fulltime /  weekdays

### ACADEMIC INFORMATION

Full Academic Year *or*  per Term *(specify below)*

Autumn *(Sept-Dec)*

Spring *(Jan-March)*

Summer *(April-June)*

Pre-school bilingual: .....  PS

Foundation Stage: .....  FS1 to FS2

Primary School: .....  Year 1 to Year 6

Secondary School: .....  Year 7 to Year 9

Diploma Prep Class: .....  Year 10 and Year 11

Starting date at VIS requested: .....

Academic institutions attended to date in chronological order:

*(Please provide latest school year report)*

School	Degree	Date
.....	.....	.....
.....	.....	.....
.....	.....	.....

Languages:

**English level:**  Mother tongue  Intermediate  Beginner

**French level:**  Mother tongue  Intermediate  Beginner

**Other .....level:**  Mother tongue  Intermediate  Beginner

## SPECIAL INDIVIDUAL REQUESTS

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Extra tuition in specific subject:.....

Preparation to specific exam: .....

Special Educational Support (SES):

*(Please specify and provide available reports accordingly)*

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## CATERED SCHOOL MEALS (lunch & snacks)

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Standard

Other specify:.....

*(For specific meals a separate form must be completed and signed by a Doctor.)*

## MEDICAL RECORD

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All requested documents below must be provided prior to the first day of attendance.

Does your child have any health problems? .....  Yes  No

Does your child take any medicine on a regular basis? .....  Yes  No

Does your child need special care or infrastructures during her/his studies in VIS? .....  Yes  No

If yes, to any of the 3 questions, a detailed diagnosis/prescription and clear guidelines of your expectations of care from VIS is requested.

### Emergency contact:

Parent 1 & 2 (or legal guardians) as per details given on the family registration form .....  Yes  No

Other please specify:.....

Do you authorise VIS to take your child to the Doctor or to the hospital if necessary? .....  Yes  No

By signing this document, the parents or legal guardians confirm that they are aware that the student is required to have valid medical care and health insurance recognised by the Swiss authorities.

A copy of the insurance attestation or AVS card is requested.

*Name, date and Signature:*

Only complete applications will be considered.