Prunelle School
• MONTESSORI BILINGUAL •

Terms of Admission

❖ *PROCESS*

- ❑ Read the brochure
- ❑ Interview with the parents in the child's presence

❖ *DOCUMENTS REQUIRED*

- ❑ The completed registration form dated and signed.
- ❑ The family book or a full copy of the child's birth certificate or any other document proving his identity and affiliation.
- ❑ A document establishing the quality of the legal representatives (ID) and if appropriate, the conditions for exercising parental authority (judgment).
- ❑ A recent utility bill (gas or electricity bill of three months or schedule underway last tax or no tax on income or last tax for council tax and the license fee).
- ❑ If the child was already attending school, cancellation certificate of the previous school indicating the effective date of cancellation.
- ❑ Vaccination book updated and medical questionnaire to be completed by the attending physician.
- ❑ Certificate in community life (the doctor).
- ❑ Valid Attestation of school insurance / liability.
- ❑ 4 passport photos of the child,
- ❑ Exit permit (if different from the father and mother)
- ❑ Signed and dated Authorization for Emergencies.
- ❑ Operating license right to in-house image, signed and dated.
- ❑ The current school assessment documentation (pupils aged 6-12).
- ❑ Signed financial arrangements,
- ❑ Signed and dated code of conduct sheet (when submitting the file)

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Registration Form

Family name of child: …… First name:……..…….... Gender: M / F

Date of birth: …… Country/City of birth……..……..……..

Nationality: ……..Mother tongue:…….....

Other languages spoken: …….....

Number of brothers:……..Number of sisters:……..……..

Father's name: ……**Surname**……..……Spoken languages:……..……..

Postal address:……..…… City:…….....

Email address (in capital letter) : @

Home phone number:……..…Personal mobile phone:..……..……

Profession :……Name of company:……..……..……

Company address:……..……..……City:……..……

Work email address (in capital letter) : @

Work phone number:……..……Work mobile phone number:……..……

Mother's name: ……**Surname**……..……Spoken languages:……..……..

Postal address:……..…… City:…….....

Email address (in capital letter) : @

Home phone number:……..…Personal mobile phone:..……..……

Profession :……Name of company:……..……..……

Company address:……..……..……City:……..……

Work email address (in capital letter) : @

Work phone number:……..……Work mobile phone number:……..……

Correspondence address:……City:……

I, Mr/Mrs …….....here have the authority for my child…….. and wish to enrol my child in Prunelle school for the year 2026-2027.

Signature:……Date:……..

Prunelle School - Levallois-Perret – Puteaux-La Défense
Tel: 09.80.64.85.19 – www.prunelleschool.com – email: contact@prunelleschool.com

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Médical Questionnaire

Family name of child: ……First name of child: ……

❖ *CERTIFICATION OF IMMUNIZATION*

Vaccination History	Dates	-
Tuberculosis		☐
Measles Mumps Rubella (MMR)		☐
Diphteria		☐
Tetanus		☐
Polio		☐
Whooping cough		☐
Anti-hepatitis B		☐
Meningitis		☐
Hepatitis		☐

Do you have any other medical information to share ?

☐ Yes ☐ No

If Yes, please state:……

I, Mr/ Mrs.....hereby confirm the exactitude of all the above information given.

Date: Signature

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Child Exit Permission

(If different from the father or mother)*

.....

I/ We, Mr/ Mrs. .....

Address: .....

City:.....

Home Phone: ..... Mobile: …….....

Work Phone: ..... Work mobile:…….....……

Email address: .....@.....

Give permission to Mr/Mrs .....

Relationship.……..

Address: ..... .City…….. .....

Home Phone:.....Mobile: ….....

Work Phone: .....Work mobile:.....

Email address:.....@.....

To pick my child .....

On: Monday / Tuesday / Thursday / Friday (circle selected days)

At :…… hours

Date :……

Signature of parents
(preceded by the words "read and approved“)

.....

* *The person picking up the child must present an Identification document on the first time*.

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Emergency Authorization

Family name of child: ……First name of child: ……
In the case of accidents, the parents are contacted for care of the child.

In an emergency, the school will take the initiative to call for the emergency services and to transport your child to a public hospital.

In case of emergencies within the organisation and in places of excursions (outdoor activities, park, museums or sports facilities), we authorise the institution to make necessary arrangements that ensures the care and safety of our child.

I certify that my child is covered by liability insurance and to individual.
I authorize you to take all necessary measures in case of accident or problems regarding the health and safety of my child, and to make the necessary interventions in emergencies.

Social Security number on which the child is registered: __ __ __ _ __ __ __ __ __ __ __ __

Remarks (drug or food allergies)

I/we, Mr/ Mrs: ....., Mother, Father, Legal Guardian of child.

Signature ……. ..... Date.....

Operating authorization of image right

.....

Between:

The operator of the image rights

Prunelle School Puteaux & Levallois

And

The holder of the image right of publicity

Surname.....First Name.....

Address:.....

Or his legal representative: .....

It was agreed that:

The holder of the image rights acknowledges that shooting (videos and photos) carried out by the operator of the image rights and in which it appears, will be registered for access on consultation from the school's web site.(**www.prunelleschool.com**) and also share on a broadcast list (WhatsApp)

The holder of the image rights acknowledges that the use of its image rights will not be subject to any financial consideration and acknowledges having knowledge that this contract is not limited in time.

The operator of the right of publicity is committed to not using these shooting (videos and photos) in another context than that of this contract, without having previously warned the owner of image rights and having been specifically authorized by it to do.

The holder of the image rights give authorization for the use of images as stated in this contract.

Date.....

For the operator of the image rights ***For the holder of the image rights***

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General Organization

❖ *HOURS*

- The School is open ***Monday, Tuesday, Thursday*** and ***Friday*** from 8:30 a.m. until 8:45 a.m. to 4:00 p.m.

- Childcare possible from 4:00 p.m. to 6:30 p.m.

❖ *SCHOOL YEAR*

The vacation schedule as a whole meets that of the National Education (Versailles Academy)

❖ *SCHOOL EXTRA ACTIVITIES**

- ***English Club***:
  - Wednesday « English Club » (8:45 a.m. to 4:30 p.m.)
  - Childcare possible from 4:30 p.m. to 6:30 p.m.

- ***Leisure Camp (English) & Montessori Course Training (French):***

  Holiday camps including the month of July (cultural outings, theme days, shows, sports activities ...)

** 50% tax credit support possible by the council workers, payment with holiday vouchers for some activities.*