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**BRILLANTMONT**  
International School

Photo

## Registration form

### Student

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Date of birth: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Religion: \_\_\_\_\_ Mother tongue: \_\_\_\_\_  
Sex: ☐ Female ☐ Male

### School year

☐ September 20 \_\_\_\_ - June 20 \_\_\_\_ ☐ January 20 \_\_\_\_ - December 20 \_\_\_\_ ☐ April 20 \_\_\_\_ - March 20 \_\_\_\_

A student who wishes to commence the school year at another date must make a written request which must then be accepted by the school.

### Choice of programme

Section : ☐ British ☐ American ☐ Languages  
☐ 7 day boarder ☐ 5 day boarder ☐ Day school

### Father

Last Name: \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Private address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Private details

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Professional details

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Profession: \_\_\_\_\_

### Mother

Last Name: \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Private address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Private details

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Professional details

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Profession: \_\_\_\_\_



Marital status: ☐ Married ☐ Separated ☐ Divorced ☐ Remarried  
Holder of parental authority: ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

**Other information**

I know Brilliantmont through: ☐ Friend ☐ Advert ☐ Other school ☐ Former student ☐ Internet  
☐ Education adviser ☒ Other: CHINEASY — www.chineasy.ch  
8 Chemin Curé-Desclouds 1226 Thônex  
Geneva Switzerland

Issuing country of passport: \_\_\_\_\_  
Passport No.: \_\_\_\_\_  
Expiry date: \_\_\_\_\_

Student resident in Switzerland: Town of residence: \_\_\_\_\_  
Permit: ☐ B ☐ C

**Health / accident insurance:**

Are you insured with a Swiss insurance company? ☐ yes ☐ no

If yes, which? \_\_\_\_\_  
(Please enclose a certificate)

Preferred weekly pocket money: CHF \_\_\_\_\_

**In an emergency**

*Coordinates of a person to be contacted in an emergency if it is impossible for us to contact the parents.*

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relation to student: \_\_\_\_\_

**Payment of school fees**

Name and address of the person / company responsible for payment of school fees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I confirm that I have read and that I accept the school's financial conditions.*

Signature of parents or responsible person: \_\_\_\_\_

Date: \_\_\_\_\_

On receipt of the registration form, duly signed, and the fee of CHF 500.—, the admissions process will begin. Three questionnaires — parents, pupil, educational adviser/current head teacher — will be sent to you. On receipt of these completed questionnaires and school reports for the last three years, admission will be reconsidered. Confirmation will be sent to you if all of the required conditions are met.