

REQUESTED YEAR/
GROUP

To be completed by the school

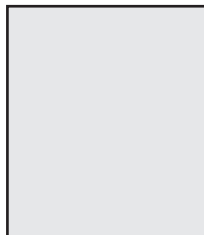
N.I.E.

To be completed by the school

REGISTRATION
FORM NUMBER

To be completed by the school

NEW REGISTRATION
RENEWAL

☐
☐


An updated photograph
is required for the
application form.

PUPIL INFORMATION

Surnames Name

Date of birth Place of birth Country

D.N.I./N.I.E./Passport Nationality/nationalities

Gender Number of siblings Number of siblings currently in school

Student's first language Student's second language

Current address

Address Town Post Code

Province El Pinar e-mail

An e-mail address is required and will be provided by the school if they do not have one

EL PINAR E-MAIL

TRU:

An e-mail address is required and will be provided by the school if they do not have one

EL PINAR E-MAIL

TRA:

An e-mail address is required and will be provided by the school if they do not have one

Marital status of the parents:

The pupil resides with their: FATHER / MOTHER / CARERS (cross out what is appropriate)

FATHER / CARER DETAILS

NAME

SURNAME

D.N.I./N.I.E.

AGE NATIONALITY

LEVEL OF STUDIES

PROFESSION

COMPANY

HOME TELEPHONE-
MOBILE NUMBER //

WORK TELEPHONE NUMBER

EMERGENCY CONTACT

PERSONAL E-MAIL

ADDRESS

TOWN POST CODE

MOTHER / CARER DETAILS

NAME

SURNAME

D.N.I./N.I.E.

AGE NATIONALITY

LEVEL OF STUDIES

PROFESSION

COMPANY

HOME TELEPHONE-
MOBILE NUMBER //

WORK TELEPHONE NUMBER

EMERGENCY CONTACT

PERSONAL E-MAIL

ADDRESS

TOWN POST CODE

In Alhaurín de la Torre, 201

School Stamp

Signature of the Father/Mother/Carer

IMPORTANT: Please, use duly uppercase letters and a pen to fill in the application form. Submit one form per student.
All the form data must be completed for it to be accepted.

BILLING INFORMATION

PAYMENT IN CASH*

☐

BY CREDIT CARD

☐

BY DIRECT DEBIT

☐

* The payment of school fees can not be made in cash.

SAVINGS PLANS IN SCHOOLING

SINGLE PAYMENT

☐

FAMILY PLAN

☐

Number of children

currently in school.....

"RECOMMEND THE SCHOOL" PLAN

☐

AGREEMENT PLAN

☐

Company.....

Recommended by.....

ACCOUNT HOLDER'S PERSONAL DATA

Account holder's name:

Account holder's N.I.F.:

BANK NAME

Bank account number

IBAN

Bank

Branch

D.C.

Account

The undersigned hereby authorized the school El Pinar S.A.L. CIF A92032366, Camino de la Acequia, s/n Street, 29130 Alhaurín de la Torre, Málaga to charge the school fees and other contracted services to the aforementioned bank account until further notice.

OPTIONAL SERVICES

PRE- AND AFTER-SCHOOL CLUBS

SCHOOL CANTEEN:

ANNUAL.....135 €/month

☐

PRE-SCHOOL CLUB WITHOUT BREAKFAST

☐

SINGLE MONTH.....180 €/month

☐

PRE-SCHOOL CLUB WITH BREAKFAST

☐

SINGLE TICKET.....8€/day

☐

AFTER-SCHOOL CLUB (Mon. To Fri.)

☐

PACKED LUNCH - FOOD FROM HOME.....30€/month
(Only from secondary school)

☐

FRIDAY AFTER-SCHOOL CLUB

☐

SCHOOL TRANSPORT

STATE STOP

MONTHS

RETURN

☐

JUNE

☐

ONE WAY TO SCHOOL

☐

SEPTEMBER

☐

ONE WAY FROM SCHOOL

☐

OCTOBER TO MAY

☐

SINGLE TICKET

☐

SCHOOL STAMP

In Alhaurin de la Torre, 20.....

Signature of the Father/Mother/Carer (Cross out where necessary)

IMPORTANT: Please, use duly uppercase letters and a pen to fill in the application form. Submit one form per student.
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ACADEMIC DATA
OPTIONAL SUBJECTS
CICLOS FORMATIVOS

REGISTRATION
FORM NUMBER

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PREVIOUS SCHOOL YEAR DATA

Current school name

School Town / Province

GRADES (Please, select one)

GRADO MEDIO TECO

☐

GRADO MEDIO EMERGENCIAS SANITARIAS

☐

GRADO MEDIO GESTION ADMINISTRATIVA

☐

GRADO MEDIO ACTIVIDADES COMERCIALES

☐

GRADO MEDIO EDUCACIÓN INFANTIL

☐

APPLICATION (Please, select one)

FIRST GRADE

☐

SECOND GRADE

☐

IMPORTANT: Please, use duly uppercase letters and a pen to fill in the application form. Submit one form per student. All the form data must be completed for it to be accepted.

PERMISSION FOR MINOR MEDICATIONS ((ibuprofen, paracetamol, non-prescription, etc...))

I, Father/Mother/Carer, give permission for my child
.....to take basic medicine if necessary in case of emergency.

Signature of the Father/Mother/Legal Tutor

INTERNET AUTHORIZATION

I, Father/Mother/Carer, give permission for my child
.....to appear in photos and videos that we publish
on the school website, Twitter, Facebook or Google+

Signature of the Father/Mother/Legal Tutor

AUTHORIZATION FOR SCHOOL TRIPS

I, Father/Mother/Carer, give permission for my child
.....to participate in planned excursions.

Signature of the Father/Mother/Carer

PEOPLE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

NAME..... D.N.I./N.I.E.....

NAME..... D.N.I./N.I.E.

NAME..... D.N.I./N.I.E.....

NAME..... D.N.I./N.I.E.....

NAME..... D.N.I./N.I.E.....

NAME..... D.N.I. /N.I.E.....

Signature of the Father/Mother/Carer

Does your child have any illness or allergy?

YES

☐

NO

☐

Please give details.....

Please, add any information which you feel would help us in providing for your child's needs (health, food, etc...)

Does your child have or has ever had any dissability (visual, hearing, motor skills problems...)?

YES

☐

NO

☐

Do you think your child has any special educational needs?

YES

☐

NO

☐

Will your child require special resources to attend to our school? YES

YES

☐

NO

☐

Has your child received any special education input in the past? (i.e. individual education program, extra help with reading and writing, speech and language therapy, occupational therapy, an assessment by an educational psychologist) Please, give details and/or copies of reports of it.

DECLARATION AND SIGNATURE

The family declares that accepts the general rules of the school El Pinar, and expresses its agreement to comply with the school policies.

I the father/mother/carer

..... confirm that I have read and understood all terms and conditions of this enrolment and the attached documents included in the admission pack.

I also declare that the information on this form is true and correct and has been provided by me.

In Alhaurín de la Torre, 201.....

Signature