

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

PUPIL INFORMATION	
Surnames <input type="text"/>	Name <input type="text"/>
Date of birth <input type="text"/>	Place of birth <input type="text"/>
	Country <input type="text"/>
D.N.I./N.I.E./Passport <input type="text"/>	Nationality/nationalities <input type="text"/>
Gender <input type="text"/>	Number of siblings <input type="text"/>
	Number of siblings currently in school <input type="text"/>
Student's first language <input type="text"/>	Student's second language <input type="text"/>
Current address	
Address <input type="text"/>	Town <input type="text"/>
	Post Code <input type="text"/>
Province <input type="text"/>	El Pinar e-mail <input type="text"/>
	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:

Type of Custody:

The pupil resides with their: FATHER / MOTHER / CARERS (cross out what is appropriate) * Please attach the necessary documents if parents are separated or divorced

LEGAL TUTOR DETAILS	LEGAL TUTOR DETAILS
NAME <input type="text"/>	NAME <input type="text"/>
SURNAME <input type="text"/>	SURNAME <input type="text"/>
D.N.I./N.I.E. <input type="text"/>	D.N.I./N.I.E. <input type="text"/>
AGE <input type="text"/>	AGE <input type="text"/>
NATIONALITY <input type="text"/>	NATIONALITY <input type="text"/>
LEVEL OF STUDIES <input type="text"/>	LEVEL OF STUDIES <input type="text"/>
PROFESSION <input type="text"/>	PROFESSION <input type="text"/>
COMPANY <input type="text"/>	COMPANY <input type="text"/>
HOME TELEPHONE- MOBILE NUMBER <input type="text"/> // <input type="text"/>	HOME TELEPHONE- MOBILE NUMBER <input type="text"/> // <input type="text"/>
WORK TELEPHONE NUMBER <input type="text"/>	WORK TELEPHONE NUMBER <input type="text"/>
EMERGENCY CONTACT <input type="text"/>	EMERGENCY CONTACT <input type="text"/>
PERSONAL E-MAIL <input type="text"/>	PERSONAL E-MAIL <input type="text"/>
ADDRESS <input type="text"/>	ADDRESS <input type="text"/>
TOWN <input type="text"/>	TOWN <input type="text"/>
POST CODE <input type="text"/>	POST CODE <input type="text"/>

In Alhaurín de la Torre, 20.....

School Stamp

Signature of the Legal Tutor

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.....

AGREEMENT PLAN

Company.....

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 Legal Tutor

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

ACADEMIC DATA
CORE & OPTIONAL SUBJECTS
1º ESO BILINGUAL (from 12 to 13 years old)

REGISTRATION FORM NUMBER
To be completed by the school

PREVIOUS SCHOOL YEAR DATA

Current school name

School Town / Province

CORE SUBJECTS	LENGUA CASTELLANA Y LITERATURA	
	ENGLISH	
	MATEMÁTICAS	
	BIOLOGY & GEOLOGY	
	GEOGRAFÍA E HISTORIA	
	PE	
	VISUAL ARTS	
	MUSIC	
	ROBÓTICA	
	ESCUELA DE EMPRENDEDORES	
	SCIENCE PROJECT	
	PLEASE, SELECT ONE	RELIGIÓN
	VALORES ÉTICOS	<input type="checkbox"/>

OPTIONAL SUBJECTS IN ANDALUCIA	PLEASE, SELECT ONE	2ª LENGUA EXTRANJERA - DEUTSCH	<input type="checkbox"/>
		2ª LENGUA EXTRANJERA - FRANÇAIS	<input type="checkbox"/>
		TECNOLOGÍA APLICADA	<input type="checkbox"/>
		CAMBIOS SOCIALES Y GÉNEROS	<input type="checkbox"/>

In..... de 20.....

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, Legal Tutor, give permission for my child
to take basic medicine if necessary in case of emergency.

Signature of the Legal Tutor

INTERNET AUTHORIZATION

I, Legal Tutor, 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 Legal Tutor

AUTHORIZATION FOR SCHOOL TRIPS

I, Legal Tutor, give permission for my child
to participate in planned excursions.

Signature of the Legal Tutor

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 Legal tutor

In..... de 20.....

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 disability (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

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 Legal Tutor

..... 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, 20.....

Signature