

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"/> NATIONALITY <input type="text"/>	AGE <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"/> POST CODE <input type="text"/>	TOWN <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

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ACADEMIC DATA  
CORE & OPTIONAL SUBJECTS  
3º ESO BILINGUAL (from 14 to 15 years old)

**REGISTRATION FORM NUMBER**   
To be completed by the school

<b>PREVIOUS SCHOOL YEAR DATA</b>
Current school name <div style="border: 1px solid gray; height: 20px; width: 100%; margin-top: 5px;"></div>
School Town / Province <div style="border: 1px solid gray; height: 20px; width: 100%; margin-top: 5px;"></div>

<b>CORE SUBJECTS</b>	LENGUA CASTELLANA Y LITERATURA		
	ENGLISH		
	BIOLOGÍA Y GEOLOGÍA		
	FÍSICA Y QUÍMICA		
	GEOGRAFÍA E HISTORIA		
	PE		
	EDUCACIÓN PARA LA CIUDADANÍA Y LOS DERECHOS HUMANOS		
	TECHNOLOGY		
	ESCUELA DE ARTES		
	ESCUELA DE EMPRENDEDORES		
	PLEASE, SELECT ONE	MATEMÁTICAS APLICADAS	<input type="checkbox"/>
	PLEASE, SELECT ONE	MATEMÁTICAS ACADÉMICAS	<input type="checkbox"/>
PLEASE, SELECT ONE	RELIGIÓN	<input type="checkbox"/>	
PLEASE, SELECT ONE	VALORES ÉTICOS	<input type="checkbox"/>	

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

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

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**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 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  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