

PAG. 1



ENSEÑAMOS EL	L PRESENTE, RESOLVEMOS EL FUTURO
REQUESTED YEAR/	
GROUP	

N.I.E.		
	To be completed by the school	

REGISTRATION FORM NUMBER

To be completed by the school	

NEW REGISTRATION [

	To be completed by the school To be completed by the school	To be completed by the school
Date of birth	PUPIL INFORMATION	
D.N.I./N.I.E./Passport Number of siblings Number of siblings Currently in school	Surnames	Name
D.N.I./N.I.E./Passport Number of siblings Number of siblings Currently in school	Date of hirth P	lace of birth Country
An updated photograph is required for the application form. Student's first language Student's second language Current address Address Town Post Code 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 Marital status of the parents: Type of Custody: The pupil resides with their: FATHER / MOTHER / CARERS (cross out what is appropiate) LEGAL TUTOR DETAILS NAME SURNAME SURNAME D.N.I./N.I.E. AGE NATIONALITY HOME TELEPHONE WORK TELEPHONE WORK TELEPHONE NUMBER WORK TELEPHONE NUMBER EMERGENCY CONTACT PERSONAL E-MAIL ADDRESS ADDRESS	Date of Sittin	Country
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PERSONAL E-MAIL ADDRESS ADDRESS ADDRESS		
ADDRESS	EMERGENCY CONTACT	EMERGENCY CONTACT
	PERSONAL E-MAIL	PERSONAL E-MAIL
TOWN POST CODE TOWN POST CODE	ADDRESS	ADDRESS
	TOWN POST CODE	TOWN POST CODE

School Stamp

Signature of the Legal Tutor



SCHOOL STAMP

APPLICATION FORM

REGISTRATION 2019-2020

El Pin	ar 🗀		— FORM N	UMBER	
ENSEÑAMOS EL PRESENTE, RESOLVEN	MOS EL FUTURO BILLING INFORM	ATION AND OTHE	R SERVICES	To be completed by the s	chool PAG.
BILLING INFORMATION					
PAYMENT IN CASH*	BY	CREDIT CARD		BY DIRECT DEBIT	
* The payment of school fees can n	ot be made in cash.				
SAVINGS PLANS IN SCHOO	DLING		Numh	er of children	
SINGLE PAYMENT	FA	MILY PLAN		ntly in school	
AGREEMENT PLAN		amnany			
		лпрапу			
ACCOUNT HOLDER'S PERS	ONAL DATA				
Account holder's name:					
Account holder's N.I.F.:					
BANK NAME					
Bank account number					
IBAN	Bank	Branch	D.C.	Account	
he undersigned hereby authoriz he school fees and other contra		· ·		et, 29130 Alhaurín de la Torre, I	Málaga to char
OPTIONAL SERVICES			PRE- ANI	O AFTER-SCHOOL CLUBS	
SCHOOL CANTEEN:	425.67			ANATHOLIT PREAKEACT	
ANNUAL	·			S WITHOUT BREAKFAST	
SINGLE MONTH	180 €/	month	PRE-SCHOOL CLUE	WITH BREAKFAST	
SINGLE TICKET	8	3€/day	AFTER-SCHOOL CL	UB (Mon. To Fri.)	
PACKED LUNCH - FOOD FF	ROM HOME30€/	month	FRIDAY AFTER-SCH	OOL CLUB	

(Only from secondary school)	OIVIE		LCLUB	
SCHOOL TRANSPORT		STATE STOP	MONTHS	
RETURN			JUNE	
ONE WAY TO SCHOOL			SEPTEMBER	
ONE WAY FROM SCHOOL			OCTOBER TO MAY	
SINGLE TICKET				
		In Albaurin de la Torr	20	

Signature of the Legal Tutor



APPLICATION FORM

2019-2020

PAG. 3

ACADEMIC DATA CORE & OPTIONAL SUBJECTS BACHILLER 2º (from 17 to 18 years old)

REGISTRATION	
ORM NUMBER	
To	be completed by the school

PREVIOUS SCH	HOOL YEAR	DATA				
Current schoo	l name					
School Town /	Province					
		LENGUA CASTELLANA Y LITERATURA II				
:: TS		ENGLISH II				
CORE SUBJECTS						
SU		HISTORIA DE LA FILOSOFÍA				
		HISTORIA DE ESPAÑA				
CTS	PLEASE, SELECT	EDUCACIÓN PARA LA CIUDADANÍA Y LOS	ARA LA CIUDADANÍA Y LOS DERECHOS HUMANOS			
IBJEC JCIA	ONE RELIGIÓN					
OPTIONAL SUBJECTS IN ANDALUCIA	PLEASE,	2ª LENGUA EXTRANJERA - DEUTSCH (2 H	A - DEUTSCH (2 HORAS)			
TION IN AN	SELECT ONE	2ª LENGUA EXTRANJERA - FRANÇAIS (2 HORAS)				
О		ELECTROTECNIA (SÓLO PARA CIENCIAS)				
		CIENCIAS DE LA SALUD	INGENIERÍAS			
		MATEMÁTICAS II	MATEMÁTICAS II			
		BIOLOGÍA		FÍSICA		
		QUÍMICA	PLEASE,	DIBUJO TÉCNICO II		
z	SE, ONE	СТМА	SELECT ONE	BIOLOGÍA		
, PLAN	<i>`</i>	PSICOLOGÍA	PLEASE,	TECNOLOGÍA INDUSTRIAL II		
STUDIES	PLE/ SELECT	TIC II	SELECT ONE	QUÍMICA		
STU	<u> </u>					
		HUMANIDADES		SOCIALES		
		GEOGRAFÍA		GEOGRAFÍA		
		LATÍN II		MATEMÁTICAS APLICADAS A LAS CIENCIAS SOCIALES		
		HISTORIA DEL ARTE		ECONOMÍA DE LA EMPRESA		
	PLEASE,	TIC II	PLEASE,	FUNDAMENTOS DE ADMON. Y GESTIÓN		
	SELECT ONE	2ª LENGUA EXTRANJERA - DEUTSCH (4 HORAS)	SELECT ONE	TIC II		
	CIVE	2º LENGUA EXTRANJERA - FRANÇAIS (4 HORAS)				

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

NOTA: The choice of optional subjects is orientative. The choice will be respected whenever the organization of the schedules and the number of requests allows it. You can not choose subjects in 2º Bachillerato without having taken the corresponding ones of the 1º Bachillerato or that include partial knowledge of the same ones.



APPLICATION FORM

REGISTRATION 2019-2020 FORM NUMBER

To be completed by the school

PAG. 4

ENSERAMOS EL PRESENTE, RESOLVEMOS EL PUTURO AUTHORISATIONS To be complete

PERMISSION FOR MINOR MEDICATIONS ((ibuprofen, paracetamol, non-pres	cription, etc)
I, Legal Tutor, give p	permission for my child
to take basic me	dicine if necessary in case of emergency.
	Signature of the Legal Tutor
INTERNET AUTHORIZATION	
I, Legal Tutor,	give permission for my child
on the school website, Twitter, Facebook or Google+	r in photos and videos that we publish
	Signature of the Legal Tutor
AUTHORIZATION FOR SCHOOL TRIPS	
I, Legal Tutor, give p	ermission 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
Inde 20	



APPLICATION FORM

REGISTRATION 2019-2020 FORM NUMBER

To be completed by the school

PAG. 5

ADDITIONAL INFORMATION

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, YES NO hearing, motor skills problems)?
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 psycologist) 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