COLOGIO EL Prince Estable Republication Form	2019-2020 PAG. 1			
REQUESTED YEAR/ GROUP To be completed by the school N.I.E. To be completed by the school To be completed by the school	To be completed by the school			
PUPIL INFORMATION				
Surnames	Name			
Date of birth Place of birth	Country			
D.N.I./N.I.E./Passport Nationali	ty/nationalities			
An updated photograph is required for the Gender Number of siblings	Number of siblings currently in school			
Student's first language Stud	lent's second language			
Current address				
Address Town	Post Code			
Province El Pinar e-mail An e-mail address is required and wi				
EL PINAR E-MAIL TRU: EL PINAR E-MAIL An e-mail address is required and will be provided by the school if they do not have one An e-mail address is required and will be provided by the school if they do not have one	TRA: 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) $*p_{ p }$	ase attach the necessary documents if parents are separated or divorced			
LEGAL TUTOR DETAILS LEGAL TUTOR D				
SURNAME SURNAME				
D.N.I./N.I.E.				
AGE NATIONALITY AGE	NATIONALITY			
LEVEL OF STUDIES	IES			
PROFESSION PROFESSION				
HOME TELEPHONE-				
WORK TELEPHONE NUMBER WORK TELEPHONE NUMBER				
EMERGENCY CONTACT				
PERSONAL E-MAIL PERSONAL E-M	AIL			
ADDRESS				
TOWN POST CODE TOWN	POST CODE			

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.

	APPLICATION FOR	FORM	TRATION NUMBER To be completed by the sch	2019-2020 PAG. 2
BILLING INFORMATION				
PAYMENT IN CASH*	BY CREDIT CAR	D	BY DIRECT DEBIT	
* The payment of school fees can not be made in ca	ısh.			
SAVINGS PLANS IN SCHOOLING		Nur	nber of children	
SINGLE PAYMENT	FAMILY PLAN	curr	rently 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 B	ank Brar		Account	
	ank Brar	ich D.C.	Account	
The undersigned hereby authorized the school E	El Pinar S.A.L. CIF A92032366, (Camino de la Acequia, s/n S	treet, 29130 Alhaurín de la Torre, M	álaga to charge
the school fees and other contracted services to	o the aforementioned bank acc	count until furthers notice.		
OPTIONAL SERVICES		PRE- A	ND AFTER-SCHOOL CLUBS	
SCHOOL CANTEEN:		1		
ANNUAL		PRE-SCHOOL CL	UB WITHOUT BREAKFAST	
SINGLE MONTH	SINGLE MONTH			
SINGLE TICKET	8€/day	AFTER-SCHOOL	CLUB (Mon. To Fri.)	
PACKED LUNCH - FOOD FROM HOME				
(Only from secondary school)		1		
SCHOOL TRANSPORT	ST	ATE STOP	MONTHS	
RETURN			JUNE	
ONE WAY TO SCHOOL				
ONE WAY FROM SCHOOL			SEPTEMBER	
SINGLE TICKET			OCTOBER TO MAY	
]	
		In Alhaurin de la	a 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				



APPLICATION FORM

2019-2020

PAG. 3

ACADEMIC DATA OPTIONAL SUBJECTS CICLOS FORMATIVOS

REGISTRATION FORM NUMBER

To be completed by the school

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

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.



APPLICATION FORM

AUTHORISATIONS

REGISTRATION FORM NUMBER

2019-2020

To be completed by the school PAG. 4

PERMISSION FOR MINOR MEDICATIONS ((ibuprofen, paracetamol, non-pres	cription, etc)		
I, Legal Tutor, give p	ermission for my child		
to take basic med	icine if necessary in case of emergency.		
	Signature of the Legal Tutor		
INTERNET AUTHORIZATION			
۱, Legal Tutor, ٤	give permission for my child		
to appear	r 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 p	ermission for my child		
to participate in p	lanned excursions.		
	Signature of the Legal Tutor		
PEOPLE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL			
NAMED.N.I/N.I.E			
NAME D.N.I/N.I.E			
NAME D.N.I./N.I.E			
NAMED.N.I./N.I.E			
NAMED.N.I./N.I.E	IAMED.N.I./N.I.E		
NAMED.N.I. /N.I.E			
	Signature of the Legal tutor		
Inde 20			
IMPORTANT: Please, use duly uppercase letters and a pen to fill in the application All the form data must be completed for it to be accepted.	on form. Submit one form per student.		
· · · · · · · · · · · · · · · · · · ·			

57	colegio El Pinar
	ENSEÑAMOS EL PRESENTE, RESOLVEMOS EL FUTURO

APPLICATION FORM		
ADDITIONAL INFORMATION		

REGISTRATION FORM NUMBER		2019-2020
	be completed by the scho	PAG. 5

Does your child have any illness or allergy?	YES		NO	
Please give details				
Please, add any information which you feel would help us in pro	viding	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? help with reading and writing, speech and language therapy, oc educational psycologist) Please, give details and/or copies of re	cupatio	nal thera		
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 20				
Signatur	e			
IMPORTANT: Please, use duly uppercase letters and a pen to fill in All the form data must be completed for it to be accepted.	n the app	lication fo	orm. S	ubmit one form per student.