



**Registration for 2017-2018**  
**Primary Section**

Key Stage 1      Year 1     

                         Year 2     

Key Stage 2      Year 3     

                         Year 4     

                         Year 5     

                         Year 6     

**1. Information about the student**

Surname ..... Forename/s .....

Date of Birth ..... Place of Birth .....

Age on 01/09/2017 ..... Gender: female  male

Luxembourgish national insurance number\* .....  
\*If you do not have a national security number, call the CNS to get one (Tel.: 00352 27 57 42 40).

First language (the most often used language) .....

Second language .....

Nationality/ies .....

Full Address N°, Street .....

Post Code ..... City .....

Country .....

Current Year Group .....

If your child is at present attending another school, please provide the name of the school below:

.....

	English	Luxembourg.	French	German
Years of formal learning at a school				
Hours per week (approximate indication)				
Years of informal learning in a non-school setting				

Sibling/s at the ISML	Surname	Name	Class
1			
2			
3			

## 2. Information about the parents or legal guardian

Father

Mother

Legal guardian

Surname ..... Forename/s .....

Mobile ..... Home telephone .....

Profession ..... Work telephone .....

Profession ..... Work telephone .....

E-mail in block letters .....

Nationality/ies .....

Address (You only need to fill this in if the information is different from the student's information):

Full Address N°, Street .....

Post Code ..... City .....

Country .....

Father

Mother

Legal guardian

Surname ..... Forename/s .....

Mobile ..... Home telephone .....

Profession ..... Work telephone .....

Profession ..... Work telephone .....

E-mail in block letters .....

Nationality/ies .....

Address (You only need to fill this in if the information is different from the student's information):

Full Address N°, Street .....

Post Code ..... City .....

Country .....

### 3. Applicant's academic career and other information

Surname ..... Forename/s .....

Current school .....

Current class .....

Name, Position and phone number of a person we can contact at the last school visited .....

Other preschool / school visited .....

Please indicate the reason for switching to the Anglophone Primary classes at the LTML in a few sentences:

.....  
 .....  
 .....

Does your child have special education needs? Yes  No  Not sure

Please specify (dyslexia, ADD, ADHD, dyscalculia, other) .....

.....  
 .....

Has your child ever been officially tested? .....

.....

Are you providing copies of documents with information about the SEN and/or access arrangements that were provided in the previous school: Yes  No

### 4. Before School and After School Care/Club

Would you need Before School Care? Yes  No

Would you need After School Care? Yes  No

If yes, what **times** and **days** would you need Before/After School Care? (Please shade hours below for times needed. These are only suggested times and may be subject to change.)

	Monday	Tuesday	Wednesday	Thursday	Friday
07:00-08:00					
08:00-14:15	School Day (Free tuition)				
15:00-17:00					
17:00-19:00					

## 5. Documents

To register for the Primary Section, we require the following documents.  
The application will only be processed after ALL the required documents have been received.

	Provided	Available on the
A completed Registration form	<input type="checkbox"/>	.....
Copy of student's ID Card / Passport	<input type="checkbox"/>	.....
Certificat de résidence élargi (from your local commune)	<input type="checkbox"/>	.....

Academic career – Report cards (if applicable):  
(*English translation required when necessary; unofficial translation acceptable*).

- |                             |                          |       |
|-----------------------------|--------------------------|-------|
| - Most recent report card   | <input type="checkbox"/> | ..... |
| - Past report cards         | <input type="checkbox"/> | ..... |
| - SEN report - arrangements | <input type="checkbox"/> | ..... |

Notes .....

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Name ..... Date .....

Signature .....

Further details can be obtained by contacting International School Michel Lucius on  
[primary.enquiries@lml.lu](mailto:primary.enquiries@lml.lu)

**FOR OFFICE USE ONLY**

Contact made:	Form received:	Siblings at school:
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