

Avenue Charles-Secrétan 16 1005 Lausanne / Switzerland Tel: +41 21 310 04 00 admissions@brillantmont.ch www.brillantmont.ch

Photo

REGISTRATION FORM WINTER COURSE 2021

Last Name							
Last Name:							
First Name(s):							
Date of birth:		Place of birth:					
Nationality 1:		Nationality 2 (if applicable):					
Mother tongue:		Sex: ☐ Female ☐ M					
E-mail:							
Currently studying in Grade □ 8	□9 □10 □11						
Languaga shilitu Fransh							
Language ability: French My shild has studied French for	voor(a) for hours	nor wook and has reache	nd the following level:				
My child has studied French for year(s) for hours per week and has reached the following level:							
☐ Beginner ☐ Intermediate ☐ Advanced ☐ Mother tongue Please give details of any official examinations taken (DELF, Alliance Française etc)							
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Language ability: English							
My child has studied English for			ed the following level:				
☐ Beginner ☐ Intermediate ☐ Advanced ☐ Mother tongue Please give details of any official examinations taken (PET, KET, First Certificate, IELTS etc.)							
Thouse give detaile of any emolar of	tarimationo tattori (i i		izzio didi,				
01 " / 1 1" 1 11"							
Skiing / snowboarding ability							
My child skis / snowboards (please circle) and is a:							
☐ Complete beginner (never skied)) □ Beginner	□ Intermediate	☐ Advanced				
Decree Hate wells							
Passport information							
Issuing country of passport:							
Passport No.:							
Expiry date:							
Other information							
I know Brillantmont through	☐ Friend	☐ Former student					
	☐ Internet	□ Advert	☐ Education adviser				
	☐ Other:						
Preferred weekly pocket money (fo	r boarding students):	CHF					

Father		Mother				
Last Name:	Last Name:	Last Name:				
First Name(s):	Maiden Name: First Name(s): Private address (if different):					
Private address:						
Private details	Private details Tel.: Mobile : E-mail: Professional details Tel: Mobile :					
Tel:						
Mobile :						
E-mail:						
Professional details						
Tel:						
Mobile :						
E-mail:	E-mail:	E-mail:				
Profession:		Profession:				
Marital status:	□ Married	☐ Separated	☐ Divorced	☐ Other		
Holder of parental authority:	□ Both	☐ Mother	☐ Father	□ Other:		
In an emergency						
Coordinates of a person to be o	contacted in an eme	eraencv if it is impossii	ble for us to conta	nct the parents.		
Last Name:			First Name:			
Private details						
Tel:		Mobile:				
Relation to student:						
Payment of school fees						
Name and address of the person	on / company respoi	nsible for payment of	school fees:			
I confirm that I have read and th	hat I accept the scho	ool's financial conditio	ns and terms.			
Signature of parents or respons	sible person:					
Date:						

Brillantmont reserves the right to use images of students in official school publications (prospectus, website etc.) for marketing and promotional purposes. If you do not wish for images of your child to be used, please notify the school in writing.