



# Bell International School

## PRIMARY

### Registration Form

Year: \_\_\_\_\_

#### PARENT INFORMATION

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Post/zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Billing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Post/zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Telephone at Work: \_\_\_\_\_

Email: \_\_\_\_\_

#### COURSE INFORMATION

Preferred start date: \_\_\_\_\_

	MONDAY		TUESDAY	WEDNESDAY*			THURSDAY		FRIDAY
	AM	FD	Full Day	AM	PM	FD	AM	FD	Full Day
<b>RECEPTION</b> Aged from 4 to 5	<input type="checkbox"/>	<input type="checkbox"/>	Tuesday full day obligatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday full day obligatory
<b>KEY STAGE 1</b> Aged from 5 to 7	Monday full day obligatory		Tuesday full day obligatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thursday full day obligatory		Friday full day obligatory
<b>KEY STAGE 2</b> Aged from 7 to 9	Monday full day obligatory		Tuesday full day obligatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thursday full day obligatory		Friday full day obligatory

\* A 5th day Young Learners class (3 hours or full day) can be offered to Primary students on Wednesdays, subject to availability and suitability for your child. Please see the Head of Primary.

#### ADDITIONAL OPTIONS

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>LUNCH provided by Bell (iSensi restaurant)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Included in full-day programme	<input type="checkbox"/>	<input type="checkbox"/>
<b>LUNCH provided by parents</b>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>EARLY DOORS (08.00-08.30)</b>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>AFTER-SCHOOL CLUB (16.45-18.00)</b>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>

#### PAYMENT DETAILS

I wish to pay:  Per Term  Per year (to be paid in full at the beginning of the year)

#### DATA PROTECTION

- In enrolling with Bell Switzerland SA, you are agreeing to the storage and use of any student or personal information you provide for Bell's purposes only.
- Bell will only share your personal details with third party providers who are contracted to provide a specific service on behalf of Bell and require the information to perform their function (eg student platforms, examination centres).
- Bell will pass on your details to Swiss government agencies if requested by them to do so. We will not pass any personal details on to any other third party or organisation.
- You can find details of the Bell Data Protection Policy at [www.bellenglish.com/legal-notice/](http://www.bellenglish.com/legal-notice/)

#### For internal use only

V: \_\_\_\_\_  
 S. L.: \_\_\_\_\_  
 O.S: \_\_\_\_\_  
 Other: \_\_\_\_\_

#### STUDENT INFORMATION

Child's surname: \_\_\_\_\_

Child's first name: \_\_\_\_\_

Male  Female  Age (today): \_\_\_\_\_

Date of birth (day/month/year): \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Do you have any other children? Yes  No

Can your child go to the toilet unassisted? Yes  No

Does your child have any special dietary needs? Yes  No

If so, please give details: \_\_\_\_\_

Does your child have any allergies? Yes  No

If so, please give details: \_\_\_\_\_

Does your child have any health or developmental problems or concerns? Yes  No

If so, please give details: \_\_\_\_\_

Has your child ever attended a nursery or another primary school? Yes  No

If so, please give details: \_\_\_\_\_

#### OTHER INFORMATION

Please give details of any other important information

\_\_\_\_\_

#### SIGNATURE

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this form to: [nursery@bell-school.ch](mailto:nursery@bell-school.ch)

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