



STUDENT REGISTRATION FORM

ID
picture

STUDENT DETAILS

FULL NAME: _____

Date of birth: _____ Male Female

Nationality *(ies)*: _____

For non CH, please specify residency status & validity:

Accommodation: External Host family: fulltime / weekdays

ACADEMIC INFORMATION

Full Academic Year *or* per Term *(specify below)*

Autumn *(Sept-Dec)* Spring *(Jan-March)* Summer *(April-June)*

Foundation Stage: _____ FS1 to FS2

Primary School: _____ Year 1 to Year 6

Secondary School: _____ Year 7 to Year 9

Diploma Prep Class: _____ Year 10 to Year 11

Starting date at VIS requested: _____

Academic institutions attended to date in chronological order:

(Please provide latest school year report)

School	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Languages level:

English	<input type="radio"/> Mother tongue	<input type="radio"/> Intermediate	<input type="radio"/> Beginner
French	<input type="radio"/> Mother tongue	<input type="radio"/> Intermediate	<input type="radio"/> Beginner
Other: _____	<input type="radio"/> Mother tongue	<input type="radio"/> Intermediate	<input type="radio"/> Beginner



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SPECIAL INDIVIDUAL REQUESTS

Extra tuition in specific subject:

Preparation to specific exam:

Special Educational Support (SES):

(Please specify and provide available reports accordingly)

CATERED SCHOOL MEALS (lunch & snacks)

Standard

Other specify:

(For specific meals a separate form must be completed and signed by a Doctor.)

MEDICAL RECORD

All requested documents below must be provided prior to the first day of attendance.

Does your child have any health problems? Yes No

Does your child take any medicine on a regular basis? Yes No

Does your child need special care or infrastructures during her/his studies in VIS? Yes No

If yes, to any of the 3 questions, a detailed diagnosis/prescription and clear guidelines of your expectations of care from VIS is requested.

Emergency contact:

Parent 1 & 2 (or legal guardian) as per details given on the family registration form Yes No

Other please specify:

Do you authorise VIS to take your child to the Doctor or to the hospital if necessary? Yes No

By signing this document, the parents or legal guardians confirm that they are aware that the student is required to have a valid medical care and health insurance recognised by the Swiss authorities. A copy of the insurance attestation or AVS card is requested.

Date and Signature
of the parents or legal guardians: