

One World Nursery & Primary School

PRIMARY Registration Form

Surname:								
First name:								
Relation to chi	ld:							
Address:								
Citya						odo:		
City: Country:				г.	st/zip c	oue.		
Billing addres	c (if diff	oront):						
Ditting addres	5 (II UIII)							
City:				Pc	st/zip c	ode:		
Country:								
Mobile:				Ph	one Nu	mber #	2:	
Telephone at \	Nork:							
		1ATIOI	N					
Email: COURSE IN	NFORM t date:	1ATIOI	N TUESDAY	WEDN	ESDAY*	THUR	SDAY	FRIDAY
Email: COURSE IN	NFORM t date:			WEDN	ESDAY*	THUR	SDAY	FRIDAY Full Day
Email: COURSE IN	NFORM date:	NDAY	TUESDAY		,			Full Day
Preferred star RECEPTION Aged from	Mond day ob	NDAY FD	TUESDAY Full Day Tuesday full day obligatory	AM	PM	Thurso day ob	FD	Full Day Friday full day obligatory
COURSE IN Preferred starr RECEPTION Aged from 4 to 5 KEY STAGE 1 Aged from 5 to 7 KEY STAGE 2 Aged from	Mond day ob	Ilay full ligatory	TUESDAY Full Day Tuesday full day obligatory Tuesday full day obligatory Tuesday full day obligatory	АМ	PM	Thurso day ob	day full ligatory	Full Day Friday full day obligatory Friday full day obligatory Friday full day obligatory Friday full day obligatory
COURSE IN Preferred star RECEPTION Aged from 4 to 5 KEY STAGE 1 Aged from 5 to 7 KEY STAGE 2 Aged from 7 to 9	Mond day ob	lay full ligatory	TUESDAY Full Day Tuesday full day obligatory Tuesday full day obligatory Tuesday full day obligatory	AM	PM	Thurso day ob Thurso day ob Cary stud	day full ligatory day full ligatory day full ligatory dents on	Full Day Friday full day obligatory Friday full day obligatory Friday full day obligatory Friday full day obligatory Wednesdays,
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DATA PROTECTION

I wish to pay:

• In enrolling with Bell Switzerland SA (Bell), you are agreeing to the storage and use of any student or personal information you provide for Bell's purposes only.

☐ Per year (to be paid in full at the beginning of the year)

- 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/legalnotices/

Please email this form to: nursery@bell-school.ch

☐ Per Term

For internal	use only
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Date:

	T INFORMATION				
Child's surr					
Child's first					
Male		ge (today):			
Date of birt	h (day/month/year):				
Language s	poken at home:				
Do you have	e any other children?	Yes	No		
Can your ch	nild go to the toilet unassisted?	Yes	No		
Does your o	child have any special dietary needs? e give details:		No		
	child have any allergies? e give details:	Yes	No		
concerns? If so, please	child have any health or developmen	Yes	No		
	e give details:				
nursery or p	child ever attended another olaygroup?	Yes	No		
nursery or p	child ever attended another	Yes	No		
nursery or p If so, pleaso OTHER	child ever attended another playgroup? e give details: INFORMATION		No		
nursery or p If so, pleaso	child ever attended another olaygroup? e give details:		No		
nursery or p If so, pleaso OTHER	child ever attended another playgroup? e give details: INFORMATION		No		
nursery or p If so, pleaso	child ever attended another playgroup? e give details: INFORMATION		No		
oursery or particles of the so, pleased	child ever attended another olaygroup? e give details: INFORMATION details of any other important inform		No		