EHTL
École d'Hôtellerie et de Tourisme du Luxembourg

REGISTRATION FORM

☐ **DAP Restaurant Manager**

Student data

Name and first name [1] _____

Nationality [1] _____ Gender [1]: _____

Place of birth [1] _____

National reg. number [1] _____

School last attended [2] _____

Class last attended [2] _____

Pupil's address [1] _____

_____

Mobile phone number[1] _____

E-mail address [1] _____

iPad One2One [1] :

Does the student have an iPad from the One2One programme?

YES ◯ NO ◯

- if **YES**, please fill in the student's IAM and the CGIE inventory number of the iPad

IAM: _____ CGIE Num. : _____

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Purpose: Organisation and functioning of the school
2) Data collected under Article 3(3) of the above-mentioned Act.
Purpose: Analysis and research for planning and evaluation of the quality of education after de-identification of the related data. Parents have a right of access to the processed data and a right to rectify the data. In this case, they should contact the Ministry's secondary and technical secondary education department. Refusal to provide the mandatory data is punishable by a fine of €25 to €250 under Article 9 of the Act.Données recueillies en vertu de l'article 3 (3) de la loi précitée.

19, Rue Joseph Merten
L-9257 Diekirch
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Siège de l'association européenne des écoles d'hôtellerie et de tourisme

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Data of legal representatives [1)]

Mother / Tutor :

Name and first name[1)] _____

Address [1)] _____

Occupation[2)] _____

Private Phone [1)] _____ mobile : _____

E-mail address[1)] _____

Father / Tutor

Name and first name [1)] _____

Address [1)] _____

(if different from mother's) _____

Occupation [2)] _____

Private phone [1)] _____ tél. portable : _____

E-mail address [1)] _____

Bank details of legal representative(s) [1)] :

Name and first name of the account holder :

Name: _____

First name: _____

IBAN : _____ BIC Code : _____

Date : _____ Signature of legal representative : _____

☑ the pupil of legal age / the legal representative of the minor pupil gives his/her consent to the taking and publication of photographs and audiovisual recordings in the context of school and extra-curricular activities.

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HEALTH BULLETIN

à remplir par l'élève ou les parents/représentants légaux

We would like to highlight the importance of medical information.
This information does not in any way influence admission to our school.

Name:_____ Firstname:_____

Date of birth : _____ Gender : _____

National registration number: _____

Have you ever had or are you currently suffering from any of the following problems[2]:

☐ Asthma ☐ Rheumatism ☐ Tuberculosis Diabetes
☐ Epilepsy ☐ Heart problems Diagnosed learning disabilities
☐ (dyslexia, dyscalculia, attention deficit disorder, …)
☐ Food and/or other allergies : _____
☐ Food intolerances : _____

Do you wear corrective lenses/lenses? oui ☐ non ☐
Do you wear a hearing aid? oui ☐ non ☐
Are you allergic to certain medicines? oui ☐ non ☐

If yes, please specify which : _____

What medicines do you take regularly? _____

The undersigned confirm that their child does not suffer from any illnesses that are incompatible with work in the kitchen, butchery, pastry-making and service. In case of doubt, please contact your doctor.

Please attach a copy of the current vaccination card.

Done in _____ on _____

_____ _____
student's signature signature of the legal representative

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2) Check the appropriate box(es).

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DOCUMENTS REQUIRED FOR FINAL REGISTRATION

Classes: first year DAP REI

Pupils from the Luxembourg school system

- registration form
- copy of the three report cards of the third / fifth year general or classic class
- copy of the promotion decision
- copy of the orientation notice
- extended residence certificate (to be requested via myguichet.lu) OR birth certificate
- health bulletin
- copy of the vaccination card
- 1 recent identity photo with name on the back of it 1)

Pupils from a foreign school system

- registration form
- **copies** of all report cards from the last school year attended
- **certification of previous years of study**

Service de la reconnaissance des diplômes
Ministère de l'Éducation nationale, de l'enfance et de la Jeunesse
L-2926 LUXEMBOURG
Tél. : (+352) 247-85112

- certificate of birth
- health bulletin
- copy of vaccination card
- 1 recent identity photo with name on the back of it 1

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