



REGISTRATION FORM

School year _____ / _____

Student information:

Surnames _____ Name _____

Date of Birth _____ Town _____ Province _____

Passport/Identification Card _____ School year _____ Canteen _____ Transport _____

Number of Siblings _____ Place among them _____ Siblings at School _____

Address:

ST _____

Town _____ Province _____ Postcode _____

Telephone _____ Móbile phone _____ E-mail _____

Father's personal details:

Surnames _____ Name _____

Passport/Identification Card _____ Mobile _____ Work phone _____

Profession _____ Company _____

Mother's personal details:

Surnames _____ Name _____

Passport/Identification Card _____ Mobile _____ Work phone _____

Profession _____ Company _____

Requests registration for his/her child at school in the next school year, agreeing to pay monthly, from September to June both included, and being respectful to the school plan.

My son/daughter is authorized to participate in every excursion and out-of-school activities Los Rosales School organices for his/her year. I also authorize the school to use his/her picture in the website of the school this year.

Signature _____

Seville _____

Signature _____