



le lycée du 21^e siècle
école internationale edward steichen
clervaux
| école européenne agréée |

Application Form^{*} International School Edward Steichen

Lycée Edward Steichen
1, rue Edward Steichen
L-9707 Clervaux

Tél. : 206 007 – 210
www.lesc.lu

***The student must submit a school report card, a school evaluation form, a certification or other equivalent document of the past school year.**

To be attached to the completed and signed application form:

- a medical information sheet (to be filled in at the student office if necessary)
- for the primary school inscription, a copy of the school report of the last school year (to provide upon reception)
- for the secondary school inscription, a copy of the school report of the end of the school cycle (cycle 4.1) - (to provide upon reception)
- for the secondary school inscription, a copy of the intermediary evaluation form (cycle 4.2) - (to provide upon reception)
- a copy of the orientation decision or a document certifying the successful completion of the access tests – (to provide upon reception)
- a copy of the social security card
- a copy of the identity card/or residence card

A school photo of the student will be taken at the inscription date

All fields must be filled out

Contact

Address:

Lycée Edward Steichen
1, rue Edward Steichen
L-9710 Clervaux
Tél. : 206 007 – 210
www.lesc.lu
secretariat.eleves@lesc.lu





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EMERGENCY



In case of an emergency where the staff of Lycée Edward Steichen is unable to reach a legal guardian of the child _____ please contact :

Madam/Sir _____ Tel. : _____ Mobile: _____

Madam/Sir _____ Tel. : _____ Mobile: _____

Madam/Sir _____ Tel. : _____ Mobile: _____

In case no supervisor is available, I, the undersigned _____ authorize the administration and staff of Lycée Edward Steichen to take the necessary measures (i.e. calling an ambulance, arranging a meeting at the SePAS, visiting a doctor, etc.).

Done at _____, _____ 20_____

Signature of the legal guardian



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Please mark the relevant box

Section :

English section EN

French section FR

German section DE (secondary only)

Early Education :

M1

M2

Primary :

P1

P2

P3

P4

P5

Secondary :

S1

S2

S3

Box reserved for the administration :

Student documented by _____ on _____

Photo number : _____ .jpg

student enrolled in

AET _____ class _____

A. Relevant information concerning the student

Personal information

Matriculation number: _____

Name: _____

First name: _____

Sex: M F Birthday: _____

Address

Name: _____ Postal code: _____

Street: _____

Address: _____

City: _____

Country of residence: _____

Nationality

1st nationality: _____

2nd nationality : _____

City of birth: _____

Country of birth: _____

First language: _____

Various

Siblings: the ___ of ___

Tel: _____

Mobile: _____

E-mail: _____

School of origin

Luxembourg

School of origin before the post-primary in Luxembourg : _____

Class of origin: _____

Orientation decision : _____

Orientation comments : _____

Foreign

School of origin before the post-primary in Luxembourg : _____

Country of origin : _____

Equivalent of the diploma : _____

Date of entry to Luxembourg : _____

B. Student school history

Year: _____
Year: _____
Year: _____
Year: _____
Year: _____
Year: _____

Class: _____
Class: _____
Class: _____
Class: _____
Class: _____
Class: _____

Name of the school / City / Country: _____
Name of the school / City / Country: _____
Name of the school / City / Country: _____
Name of the school / City / Country: _____
Name of the school / City / Country: _____
Name of the school / City / Country: _____

C. Student language knowledge (EN, FR, DE, PT, other)

Language: _____	<input type="checkbox"/> Very good knowledge	<input type="checkbox"/> Good knowledge	<input type="checkbox"/> Basic Knowledge	<input type="checkbox"/> Notion
Language: _____	<input type="checkbox"/> Very good knowledge	<input type="checkbox"/> Good knowledge	<input type="checkbox"/> Basic Knowledge	<input type="checkbox"/> Notion
Language: _____	<input type="checkbox"/> Very good knowledge	<input type="checkbox"/> Good knowledge	<input type="checkbox"/> Basic Knowledge	<input type="checkbox"/> Notion
Language: _____	<input type="checkbox"/> Very good knowledge	<input type="checkbox"/> Good knowledge	<input type="checkbox"/> Basic Knowledge	<input type="checkbox"/> Notion
Language: _____	<input type="checkbox"/> Very good knowledge	<input type="checkbox"/> Good knowledge	<input type="checkbox"/> Basic Knowledge	<input type="checkbox"/> Notion

D. Legal guardian information

1st legal guardian of the student:

Name: _____	Family relation: _____	Matriculation number: _____
First name: _____	Marital status: _____	Employment: _____
Address: _____		Prof. tel.: _____
_____		Private tel.: _____
City: _____	Postal code: _____	Mobile: _____
Country of residence: _____		E-Mail: _____

2nd legal guardian of the student:

Name: _____	Family relation: _____	Matriculation number: _____
First name: _____	Marital status: _____	Employment: _____
Address : _____		Prof. tel.: _____
_____		Private tel. : _____
City: _____	Postal code: _____	Mobile: _____
Country of residence: _____		E-Mail: _____

E. Signatures

Date : ___ / ___ / 2019 Place: _____
Student signature: _____
Legal guardian signature: _____