PRIVATE EDUCATION

PLEASE COMPLETE THIS QUESTIONNAIRE

FORMULE BDS

1. STUDENT

MR. ☐
MRS ☐ Last Name

First Name

Date of Birth
Format JJ.MM.AAAA

Nationality

If Swiss,Canton and municipality of origin

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Mother tongue (1st spoken language)

Date of first residence in Geneva
Format MM.AAAA

Country of origin

If Swiss, Canton of origin

Official address
Street and number

Postal code
& locality

Canton / Country

Home telephone number

P.O. Box and office

STUDENT'S PARENTS	**2. PARENT**	**3. PARENT**
Last name		
First name		
Relationship	MOTHER ☐ FATHER ☐	MOTHER ☐ FATHER ☐
Legal guardian	YES ☐ NO ☐	YES ☐ NO ☐
Profession		
Professional situation	SALARIED ☐ ON YOUR OWN ☐ FULL TIME ☐ PART-TIME ☐	SALARIED ☐ ON YOUR OWN ☐ FULL TIME ☐ PART-TIME ☐
Shared custody	YES ☐	YES ☐
Same address as the student	YES ☐	YES ☐
If not, address: st. & no		
Postal code and locality		
Canton / Country		
Home/mobile phone		
E-mail address		

4. EGAL RESPONSIBLE if not mother or father		**5. LODGER**
Last name (or company name)	Mr / Mrs / Ms	Mr / Mrs / Ms
First name		
Relationship		
Profession		
Situation in the profession	SALARIED ☐ ON YOUR OWN ☐ FULL TIME ☐ PART-TIME ☐	SALARIED ☐ ON YOUR OWN ☐ FULL TIME ☐ PART-TIME ☐
Same address as the student	YES ☐	COMMENTS
If not, address: st. & no		
Postal code and locality		
Canton / Country		
Home/mobile phone		
E-mail address		

SCHOOL SITUATION

SCHOOL

Class
(or course and year of study)

Date of arrival in class
(to be completed only if the student has arrived during the year)