



Basic Education, cycle 1.1

School Year 2024-25

Child's surname(s) _____

Child's first name(s) : _____

Place of birth : _____ Date : _____

Nationality : _____

Social security number : _____

Address : _____ L - _____ Leudelage

Father's surname(s) and first name(s) : _____

 Mobile : _____

E-Mail address : _____

Mother's surname(s) and first name(s) : _____

 Mobile : _____

E-Mail address : _____

 Private : _____



Leudelage, the _____

Signature : _____

Please return the form before 8th March 2024

Adm. Communale - 5 Pl. des Martyrs L-3361 Leudelage (☎ 37 92 92 209/ ecole@leudelage.lu)