



Basic Education, Cycle 1 précoce School Year 2024-25

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

Place of birth : _____ Date : _____

Social security number : _____ Nationality : _____

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: _____

I, the undersigned, _____
father, mother, guardian of the child



would like my child to attend the cycle 1 précoce class on the following half-days (please tick):

Timetable : mornings from 7.50 a.m – 11.35 a.m ; afternoons from 13.45 p.m – 15.45 p.m

Monday a.m. Tuesday a.m. Wednesday a.m. Thursday a.m. Friday a.m.

Monday p.m. Wednesday p.m. Friday p.m.

Please return the form before 8th March 2024

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