



Basic Education, Cycle 1 précoce School Year 2026-27

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 6th March 2026

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