



## 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 - \_\_\_\_\_ Leudelange

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 Leudelange ( 37 92 92 209 / [ecole@leudelange.lu](mailto:ecole@leudelange.lu) )