**2e COMMUNE – 2e ANNEE COMPLEMENTAIRE**

**INSTITUT DE LA SAINTE-UNION DE KAIN – www.sukain.be**

**FORMULAIRE D’INSCRIPTION**

**IDENTITE ELEVE**

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**Nom**

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**Prénom**

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**Date de naissance Nationalité**

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**Lieu de naissance Pays**

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**Numéro de registre national**  
Figure au verso de la carte d’identité

**IDENTITE RESPONSABLE LEGAL**

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**Nom du responsable légal**

**Courrier à adresser à (entourer le choix) :** Mr/Mme - Mr - Mme

**Rue ……………………………………………………………………………………………………………………………………………………………….**

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**N° de maison** **Boîte Code postal**

**Commune ……………………………………………....................................................................................................**

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**GSM responsable légal (père – mère)**

Mr / Mme ………………………………………………….

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**GSM responsable légal (père – mère)**

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Mr / Mme ………………………………………………….

**GSM élève**

**Adresse e-mail du resp. légal ….……………………..…………………………………………………………@.......................**

**Adresse e-mail de l’élève ……………………………………………………………………………………@........................**

**PARCOURS SCOLAIRE**

**Ecole fréquentée l’an dernier ………………………………………………………………en …………………année…………………......  
Localité ……………..………… Adresse …………………………………………………. N° tél. ……………………………………**

**CHOIX DE L’ANNEE**

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2e Commune (2C)

2e Année complémentaire (2S)

** : UNIQUEMENT POUR LES 2e COMMUNE (2 C) : CHOIX DE 2 MODULES**

**POUR LES ACTIVITES COMPLEMENTAIRES (2 X 2h)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Module 1** | **Module 2** | **Module 3** | **Module 4** | **Module 5** | **Module 6** |
| Informatique | Sciences | Art culinaire | Langues | Actualités | Sport |

Mon premier choix : le module ……… et le module …………

Mon deuxième choix : le module ……… et le module …………

Mon troisième choix : le module ……… et le module …………

**CHOIX DE LA LANGUE**

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**Anglais Néerlandais**

**REMARQUES PARTICULIERES**(Santé, comportement, allergie(s), …)

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**TROUBLES DE L’APPRENTISSAGE : AMENAGEMENT(S) RAISONNABLE(S)**(Si oui, nous avons besoin d’une attestation datant de moins de deux ans émanant du spécialiste, de la logopède, etc.)

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L’élève a-t-il : - Accès à internet : OUI - NON  
 - Un smartphone : OUI - NON  
 - Un ordinateur : OUI - NON

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**Date de l’inscription Signature des parents**

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**Nom du professeur/éducateur qui a réalisé l’inscription**