**2e DEGRE**

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

**FORMULAIRE D’INSCRIPTION**

**IDENTITE ELEVE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Nom**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Prénom**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **/** |  |  | **/** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Date de naissance Nationalité**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Lieu de naissance Pays**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **-** |  |  |  |  |  |

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

**IDENTITE RESPONSABLE LEGAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Nom du responsable légal**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

 Mr / Mme ………………………………………………….

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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. ……………………………………
Résultat obtenu : AOA - AOB - AOC - En attente**

**AUTORISATION DE SORTIE**
**Autorisé à quitter sur le temps de midi :** OUI - NON **Autorisé à débuter plus tard en cas d’aménagement d’horaire :** OUI - NON
**Autorisé à finir plus tôt en cas d’aménagement d’horaire :** OUI - NON

**CHOIX DE L’ANNEE**

**GT** : Général Transition **TQ**  : Technique de qualification

 **TTR**  : Technique de Transition **P** : Professionnel

|  |  |
| --- | --- |
| **2e DEGRE** |  |
|  |  |
|  | **Intitulé de l’option** |  |  |
| **3 GT** | **4 GT** | Sciences math langues | **A** |  |
| Sciences sociales langues | **C** |  |
| Sciences sociales sciences | **D** |  |
| Education technique et technologique | **GT E** |  |
| **3 TTr** | **4 TTr** | Sciences sociales et éducatives | **E TT** |  |
| **3 TQ** | **4 TQ** | Hôtellerie | **H** |  |
| Techniques sociales et d’animation | **TS** |  |
| **3 P** | **4 P** | Restauration | **R** |  |

|  |
| --- |
|  |

|  |
| --- |
|  |

**CHOIX DE LA LANGUE\***

|  |
| --- |
|  |

|  |
| --- |
|  |

**Anglais - LM 1 Néerlandais – LM1 Anglais – LM2 Néerlandais – LM2**

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

………………………………………………………………………………………………………………………………………………………………………………………………….

**TROUBLES DE L’APPRENTISSAGES : 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.)

………………………………………………………………………………………………………………………………………………………………………………………………….

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **/** |  |  | **/** | **2** | **0** |  |  |

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

 **………………………………..**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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