ECOLE INTERNATIONALE DU SAVOIR
Enfants d'aujourd'hui les pionniers de demain
Contacts : (+225) 07 17 72 72 72 / 01 40 12 52 52
Email : eiemeraudes@gmail.com

Registration form

This registration form is intended for families who wish to enroll their child in the school transport service. Please carefully fill in the required information and return it to the administration.

1. Student Information

Student's full name :_____

Date of birth : _____

Grade : _____

2. Parent or Guardian Information

Parent or Guardian's full name :_____

Phone number : _____

Email : _____

Full home address : _____

_____

3. Transport Information

Choice of transport service :

☐ Round trip ☐ Morning only ☐ Afternoon only

Desired pick-up location : _____

4. Parental Commitment

By signing this registration form, I certify that the information provided is accurate and I agree to abide by the conditions and regulations of the school transport service. I also agree to inform the school of any changes to the information.

Date : _____

Parent or Guardian's Signature :

5. Pour usage administratif / For Office Use Only

Numéro d'inscription / Registration number : _____

Montant payé / Amount paid : _____

Mode de paiement / Payment method : ☐ Espèces / Cash ☐ Chèque / Check

☐ Virement bancaire / Bank Transfer

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Responsable de l'inscription / Registration Officer : _____

Nous vous remercions pour votre inscription et restons à votre disposition pour toute question.
Thank you for your registration. We remain at your disposal for any inquiries.