**ÉLÈVE (correspondant étranger)**

**NOM :** **Prénom(s) :** 🞏 **G** 🞏 **F**

**Né(e) le :**  **à :** Ville – Pays

**Nationalité :**

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**Email de l’élève :**

**Inscription en :** 🞏 **Seconde** 🞏 **Première** 🞏 **Terminale Du ………………. au ……………….. Classe : ………………**

**CORRESPONDANT FRANÇAIS**

**NOM :** **Prénom(s) :** 🞏 **G** 🞏 **F**

**CLASSE :**

**FAMILLE DU CORRESPONDANT FRANÇAIS**

**NOM :** **Prénom :** 🞏 **Père** 🞏 **Mère** 🞏 **Autre lien :**

**Adresse :** 🕿 **domicile :**

**CP :** 🕿 **travail :**

**Ville**: **Pays :** 🕿 **mobile :**

**Email (obligatoire)***Écrivez lisiblement, en majuscules. Vous recevrez des informations importantes sur la scolarité à cette adresse :*

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**FAMILLE DU CORRESPONDANT ÉTRANGER**

**NOM :** **Prénom :** 🞏 **Père** 🞏 **Mère** 🞏 **Autre lien :**

**Adresse :** 🕿 **domicile :**

**CP :** 🕿 **travail :**

**Ville**: **Pays :** 🕿 **mobile :**

**Email (obligatoire)***Écrivez lisiblement, en majuscules. Vous recevrez des informations importantes sur la scolarité à cette adresse :*

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**PERSONNE EN CHARGE (si différente des représentants légaux) ou autre personne à contacter**

**NOM :** **Prénom :** 🞏 **Père** 🞏 **Mère** 🞏 **Autre lien :**

**Adresse :** 🕿 **domicile :**

**CP :** 🕿 **travail :**

**Ville**: **Pays :** 🕿 **mobile :**

**Email (obligatoire)***Écrivez lisiblement, en majuscules. Vous recevrez des informations importantes sur la scolarité à cette adresse :*

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**INFORMATIONS COMPLÉMENTAIRES**

**Cochez le régime souhaité :**

🞏 **Externe**   🞏 **Demi-pensionnaire (à la carte)**  🞏 **Demi-pensionnaire (au forfait)**   🞏 **Interne**

Quel transport scolaire utilise l’élève ? :

Nom du transporteur de l’élève :

**ÉTABLISSEMENT DU PAYS D’ORIGINE**

Nom de l’établissement :   
Adresse :

**Email***Écrivez lisiblement, en majuscules.*

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