



## LEARNING SUPPORT REQUEST FORM

Please complete and sign this form to be returned by email to [bernadette.joly-horowitz@cdl.ch](mailto:bernadette.joly-horowitz@cdl.ch) or to [learningsupport@cdl.ch](mailto:learningsupport@cdl.ch). For further information, please call our Administrative Assistant, Mrs. Bernadette Joly-Horowitz at +41 22 775 55 91.

If you want to meet the Head of Learning Support, please contact [christopher.hippisley@cdl.ch](mailto:christopher.hippisley@cdl.ch)

Full name of student: \_\_\_\_\_

Date of birthday: DD/MM/YY                      Grade (2017-2018): \_\_\_\_\_ MS / HS / FR / ESL

Name of Parent(s)/Guardian(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Contact phone number(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Contact Email address(es): (1) \_\_\_\_\_  
(2) \_\_\_\_\_

My son/daughter has had an assessment by a qualified Educational Psychologist:            YES / NO

If YES, date of most recent assessment:            DD/MM/YY

My son/daughter has previously had Learning Support:            YES / NO

### ADDITIONAL INFORMATION:

Reason for request, does your child require special accommodations eg. assistive technology (use of keyboard) etc. Please specify:

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### PLEASE ENROLL MY SON/DAUGHTER IN THE FOLLOWING PROGRAMME(S):

Learning Group = 1x LG charge is for 1x lesson per week, per marking period (please see brochure)

Fees = CHF 690 (Literacy, Study skills, Numeracy)

<b>Literacy</b>	NUMBER OF LESSONS PER WEEK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Study Skills</b>	NUMBER OF LESSONS PER WEEK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Numeracy</b>	NUMBER OF LESSONS PER WEEK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

*NB. Enrolments in LGs require a commitment of a minimum of 1 marking period and any changes to enrolments in support must be made in writing and agreed by the school. Lessons are reviewed regularly at the end of each marking period with the view of adjusting to support our students as necessary and based on the recommendations from the necessary staff members at Collège du Léman.*

I have read and understood the information provided about the Learning Support programme and authorise my son / daughter \_\_\_\_\_ to participate in the agreed classes mentioned above.

Parent / Guardian Signature \_\_\_\_\_

Date: DD/MM/YY

Learning Support Coordinator Signature \_\_\_\_\_

Date: DD/MM/YY