



## SPECIAL EDUCATIONAL NEEDS REGISTRATION FORM

Please complete and sign this form to be returned by email to **bernadette.joly-horowitz@cdl.ch**  
For further information, please call our SEN Coordinator's 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**

### DETAILS

Full name of student

Date of birth

Grade

Contact phone number(s)

Contact email address(es)

My son/daughter has had an assessment by a qualified Educational Psychologist

Yes

No

If YES, date of most recent assessment:

My son/daughter has previously had Learning Support:

Yes

No

Additional information

### PLEASE ENROLL MY SON/DAUGHTER IN THE FOLLOWING PROGRAMMES:

Minimum charge for 1x lesson per week per programme (Literacy, Study Skills or Numeracy), per marking period = **CHF 690** (please see brochure)

|              | Number of lessons per week |   |   |   |
|--------------|----------------------------|---|---|---|
| Literacy     | 1                          | 2 | 3 | 4 |
| Study Skills | 1                          | 2 | 3 | 4 |
| Numeracy     | 1                          | 2 | 3 | 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 STA 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 SIGNATURE**

**S.E.N. COORDINATOR SIGNATURE**

**DATE**

**DATE**