	<u>SCHOOL YEAR</u>					
(1) Entry level: Nursery/Kindergarten (PS) L Entry level: Primary (CP) (2) New pupil's grade: (3) UPE2A (EAL pupil)						
-						
		itée :				
The child:						
		Girl Doy				
Date and Place of Birth:						
Previous school (Name and lo	ocation):					
Name(s) of the child's legal (	mardian(s)					
unic(s) of the clinic s legal	5 un unun (5).					
<sup>~</sup> urrent family status •						
•	Married Civil Union	*Separated				
Single parent	Married Civil Union	· _				
Single parent   I     Cohabitation   I	Widow(er) Please specify if:	· _				
Single parent	Widow(er)       Please specify if:         custody, attest a copy of the legal decision	*Shared custody				
Single parent	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent IN Cohabitation IN <i>If separated, divorced or sharing</i> PERSONAL INFORMATION	Widow(er)       Please specify if:         custody, attest a copy of the legal decision	*Shared custody				
Single parent I Cohabitation I <i>Tf separated, divorced or sharing</i> PERSONAL INFORMATION SURNAME	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent       I         Cohabitation       I         *If separated, divorced or sharing         PERSONAL         INFORMATION         SURNAME         First Name(s)	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent IN Cohabitation IN *If separated, divorced or sharing PERSONAL INFORMATION SURNAME First Name(s) Date of Birth	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Cohabitation	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent       I         Cohabitation       I         *If separated, divorced or sharing         PERSONAL         INFORMATION         SURNAME         First Name(s)         Date of Birth	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent   Cohabitation   Cohabitation   *If separated, divorced or sharing   PERSONAL   INFORMATION   SURNAME   First Name(s)   Date of Birth   Current Address	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent IN Cohabitation IN <i>I f separated, divorced or sharing</i> PERSONAL INFORMATION SURNAME First Name(s) Date of Birth Current Address Phone Numbers – (Day/Evening)	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent       N         Cohabitation       N         If separated, divorced or sharing         PERSONAL         INFORMATION         SURNAME         First Name(s)         Date of Birth         Current Address         Phone Numbers – (Day/Evening)         Email address (CAPITAL LETTERS)	Widow(er)    Please specify if:      custody, attest a copy of the legal decision	*Shared custody				
Single parent IN Cohabitation IN Formated, divorced or sharing PERSONAL INFORMATION SURNAME First Name(s) Date of Birth Current Address Phone Numbers – (Day/Evening)	Widow(er) Please specify if:   custody, attest a copy of the legal decision     Parent 1   Carer 1   Legal guardian:   yes   no	*Shared custody   Parent 2 Carer 2   Legal guardian: yes     Image: Shared custody     Image				
Single parent       N         Cohabitation       N         If separated, divorced or sharing         PERSONAL         PERSONAL         NFORMATION         SURNAME         First Name(s)         Date of Birth         Current Address         Phone Numbers – (Day/Evening)         Email address (CAPITAL LETTERS)         Social Security Number	Widow(er) Please specify if:   custody, attest a copy of the legal decision     Parent 1   Carer 1   Legal guardian:     yes     no	*Shared custody   Parent 2 Carer 2   Legal guardian: yes				

### Sibling(s) information (Brothers or sisters):

SURNAME, First Name	Date of Birth	School attended

#### Emergency contacts and people authorised to collect the child from school:

SURNAME, First Name	Relationship to pupil	Place of residence	Phone Number	Emergency contact	Person authorised to collect the child from school

In case of an emergency, when a pupil is injured or severely sick, they may be taken straight to the best choice of hospital by the emergency services. The family will of course be informed straight away by a member of our team.

**Protocole d'Accueil Individualisé** (Personalised Action Plan) In case the child has a medical condition (severe allergies, asthma, diabetes, nose bleeds, haemophilia, treatment for epilepsy,) a PAI needs to be put in place as soon as he/she starts school so that the school staff can give the child the appropriate medication.

Name, address, phone number of the child's doctor:

If your child wears glasses, when does he/she wear them?	only at school during lessons	all the time, including in
the playground.		

#### **Child's Insurance Policy:**

It is compulsory for your child to subscribe to an insurance policy. This insurance policy should cover Civil Responsibility and Individual accidents. Please provide proof of this insurance as soon as your child starts school.

Insurance company: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Social security centre (name and address): \_\_\_\_\_

The information included in this form is processed by a computer programme in order for the Education department to efficiently deal with your school choice request. This allows your child's future school to start the « Onde » system, a daily used system which amongst many things ensures children's safety. These data will be stored for five years following the pupil's last contact with our services. According to the loi « informatique et libertés » du 6 janvier 1978 modifiée (Law on Freedom in the digital age, 6th January 1978), everyone has the right to access their information and amend it at any given time by writing to the following email address : scolaire@ville-chaville.fr

« I hereby declare that the information stated on this form is correct and <u>will inform you by mail or email</u> (activites.famille@ville-chaville.fr) if any changes are made in the future.

Form completed in Chaville, on the \_\_\_\_/\_\_\_/20\_\_\_\_

#### Signature (parents, carers or legal guardians)

Please sign and add « lu et approuvé » (read and approved)

(1) School is compulsory for every child born in 2022. Children born that year should start school in September 2025

(2) For children who have only recently arrived, a school leaving certificate is required from the previous school stating the child's entry level (grade)

(3) UPE2A : Unité Pédagogiques pour les Elèves Allophones nouvellement Arrivés. (Pupils with English as an Additional Language students)

<sup>(4)</sup> You will be informed by post of your child's designated school in the area will be sent to you by post between March and April 2025.

#### Please include the following documents:

a copy of your *Livret de famille* or recent copies of parents and child's birth certificates (obtained within the previous three months)

Vaccination pages from your child's *carnet de santé* (health book)

Proof of address (tax return, homeowner's insurance, most recent tenancy agreement)

In case of a separation: court order which includes the child's custody arrangements.

Leaving certificate from the previous school when registering during the school year

## Notice d'information

Les inscriptions aux activités périscolaires via le Portail Famille

# Qu'est-ce que le **Portail Famille ?**

Le portail famille est un espace numérique, accessible 7/7 jours et 24/24 heures. Il vous permet d'effectuer des démarches liées aux activités de vos enfants depuis un accès sécurisé.

Il a pour but de simplifier les procédures. Cet espace vous permettra d'inscrire vos enfants aux activités municipales et de gérer les réservations à l'année par période ou de manière occasionnelle.

Exemples de démarches disponibles depuis le Portail Famille

- Inscriptions aux activités municipales
- Gestion du planning des activités
- Réception des factures
- Paiement en ligne
- Téléchargement de formulaires : inscription scolaire, renseignements périscolaires...)
- Messagerie
- Consultation du règlement intérieur des activités périscolaires et extrascolaires



# Les inscriptions aux activités périscolaires ne sont pas automatiques !

Il est nécessaire de procéder aux inscriptions **CHAQUE ANNÉE** et de réserver les dates sur le planning disponible sur votre espace Portail Famille :

- de la restauration scolaire

- des accueils du matin et du soir

- des mercredis et vacances scolaires

<u>Au préalable, ne pas oublier de :</u>

- Créer un compte Portail Famille pour les nouveaux utilisateurs, le numéro du dossier vous sera communiqué lors de l'inscription scolaire de votre enfant en mairie.
- Faire calculer votre quotient familial en fournissant l'attestation CAF août 2024, si vous n'avez pas de compte CAF, vous pouvez nous faire parvenir votre avis d'imposition 2024 sur les revenus 2023. Sans calcul de votre Quotient Familial, les activités périscolaires et extrascolaires vous seront facturées au tarif maximum.

### À retenir :

- S'inscrire tous les ans aux activités municipales
- Faire calculer son QF tous les ans
- Se tenir au courant des campagnes d'inscriptions
- Réserver les repas et les goûters depuis le planning disponible sur votre espace Portail Famille
- Respecter les délais de réservation pour une facturation au plus juste
- Consulter le règlement intérieur des activités périscolaires et extrascolaires

Le service Accueil, Familles, Citoyenneté Sactivites.famille@ville-chaville.fr () 01 41 15 40 00