

STUDENT		

**REGISTRATION DOCUMENTATION | ENROLLMENT RENEWAL** 

SCHOOL YEAR \_\_\_\_\_|



SCHOOL YEAR	
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## NECESSARY DOCUMENTAION FOR REGISTRATION/ENROLLMENT RENEWAL ACT

01 COPY OF CHILD'S IDENTIFICATION CARD, FISCAL NUMBER AND SOCIAL SECURITY NUMBER
02 COPY OF MOTHER AND FATHER'S IDENTIFICATION CARD, FISCAL NUMBER AND SOCIAL SECURITY NUMBER
03 COPY OF TUTOR OR LEGAL GUARDIAN IDENTIFICATION CARD, FISCAL NUMBER AND SOCIAL SECURITY
NUMBER, IF NEITHER MOTHER OR FATHER
04 COPY OF CHILD'S UP TO DATE VACCINATION BULLETIN
05 PASSPORT SIZE PHOTOS OF THE CHILD
06 AUTHORIZATION FOR TOURS AND VISITS
07 AUTHORIZATION FOR PHOTOGRAPHIC RECORDS
08 AUTHORIZATION FOR CHILD'S ENTRANCE TO AND LEAVING FROM SCHOOL
09 MEDICAL DECLARATION AS CHILD IS FIT TO ATTEND SCHOOL
10 PREVIOUS YEAR IRS WITH RESPECTIVE LIQUIDATION NOTE
11 ANUAL BANK STATEMENT FOR SELF, PERMANENT HABITATION LOAN, OR RENT
12 SOCIAL SECURITY DECLARATION FOR SOCIAL RETRIBUTIONS EARNED IN THE PREVIOUS YEAR
(This document can be requested in the social security direct site - htps://app.seg-social.pt/ptss/
following these steps::
01. CHECKING ACCOUNT
O2. SOCIAL SECURITY EARNINGS / ISSUE PAYMENT DECLARATIONS
03. INSERT DATA REFERRING TO PREVIOUS YEAR (JANUARY THROUGH DECEMBER)
04. CONFIRM
13 SOCIAL SECURITY COLLECTIONS STATEMENT (IN CASE OF INDEPENDENT WORKER)



WORKING HOURS

#### REGISTRATION FORM \_\_\_\_\_ | \_\_\_\_ (SCHOOL YEAR) Nº MEMBER Nº STUDENT CODE \_\_\_\_\_ ROOM CODE REGISTRAGION DATE \_\_\_/\_\_\_ EDUCATIONAL GRADE \_\_\_ NURSERY \_\_\_ KINDERGARTEN \_\_\_ PRE SCHOOL 1ST — TIME 2ND 5TH 3RD 4TH ATTENDING SCHOOL FOR TIME HOUSEHOLD COMPOSITION **CHILD IDENTIFICATION** NAME \_\_\_\_/\_\_\_\_ NATIONALITY \_\_\_\_\_\_ ID NUMBER \_\_\_\_\_ BIRTH DATE SOCIAL SECURITY NUMBER FISCAL NUMBER NATIONAL HEALTH SERVICE USER NUMBER **MOTHER IDENTIFICATION** NAME ID NUMBER \_\_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_ ACADEMIC DEGREE OCCUPATION **CONTACTS** ADDRESS POSTAL CODE \_\_\_\_\_LOCATION \_\_\_\_ E-MAIL\_ PHONE No\_\_\_\_\_ MOBILE No \_\_\_\_\_ CONTACTS \_\_\_\_\_ PLACE OF WORK \_\_ WORKING HOURS **FATHER IDENTIFICATION** NAME ID NUMBER \_\_\_\_\_ FISCAL NUMBER \_\_\_\_ BIRTH DATE \_\_\_/\_\_\_ \_\_\_\_\_ ACADEMIC DEGREE\_\_\_\_ OCCUPATION **CONTACTS ADDRESS** POSTAL CODE \_\_\_\_\_\_LOCATION \_\_\_\_\_ \_\_\_\_\_\_MOBILE No \_\_\_\_\_\_ E-MAIL\_\_\_\_\_ PLACE OF WORK \_\_\_\_\_CONTACTS \_\_\_\_

#### **GUARDIAN OR LEGAL TUTOR IDENTIFICATION**

NAME		
ID NUMBER	FISCAL NUMBER	BIRTH DATE/
OCCUPATION		ACADEMIC DEGREE
CONTACTS		
ADDRESS		
POSTAL CODE	LOCATION	
PHONE No	MOBILE No	E-MAIL
PLACE OF WORK		CONTACTS
WORKING HOURS		
N CASE OF EMERGENCY PI	LEASE CONTACT	
NAME		TEL/MOBILE
2ND CONTACT		TEL/MOBILE
BRD CONTACT		TEL/MOBILE
PEDIATRICIAN	TEL/MOBILE	
SCHOOL ADMISSION		REASON FOR CHOOSING THIS INSTITUTION
DATE OF ADMISSION		PROXIMITY FROM HOME PROXIMITY FROM WORK PEDAGOGICAL REFERENCE QUALITY-PRICE RELATION O OTHER?
EDUCATIONAL GRADENURSERY KI	<del></del>	PEDAGOGICAL REFERENCE QUALITY-PRICE RELATION O OTHER!
ARE THERE BROTHERS ATTENDING THE SCHOOL	NO	DATE AND MOTIVE FOR LEAVING DATE / /
PREFERRED ATTENDANCE SCHEDULE FROM _	нтон	ENROLLMENT IN 1ST GRADE CHANGE OF RESIDENCE OTHER?
NOTES		EMOLLINEM IN 131 GIADE G. M. C. S. M. C
SELECTION CRITERION		
01 CHILD HAS SIBLINGS ATTENDING SCHOOL	DL	
02 PARENTS OR TUTOR/LEGAL GUARDIANS	ARE ACTIVE WORKERS, OR EITHER ON	NE OF THEM IS DEPENDENT FROM CHILD'S ADMISSION TO OBTAIN A JOB
<ul> <li>03 CHILD'S PARENTS WORK AT APIA</li> <li>04 FAMILY'S SOCIAL/ ECONOMIC CONDITION</li> </ul>	DNIC CLICH AS LOWED INCOME OF DOO	OD LIVING CONDITIONS
05 TUTOR OR LEGAL GUARDIANS LIVE OR \	•	or Living Combinions
06 ORDER OF REGISTRATION AT APIA		
DELIVERED DOCUMENTS		TO BE FILLED BY RECEPTION SERVICES
	RED AND SOCIAL SECURITY ALLIANDED	COPY OF TUTOR OR LEGAL GUARDIAN ID CARD, FISCAL NUMBER AND SOCIAL
COPY OF OF CHILD'S ID, FISCAL NUMB	DEV WIND SOCIATSECOKITA MOMREK	SECURITY NUMBER
TWO PASSPORT SIZE PHOTOS		IRS DECLARATION
AUTHORIZATION _ VISITS	PHOTOGRAPHIC RECORDS	IRS LIQUIDATION NOTE
_ CHILD'S ENTRAI	NCE AND LEAVING TO AND FROM SCHOOL	BANK ANNUAL DECLARATION FOR HABITATION CREDIT
COPY OF COMPLETE VACCINATION BU	ULLETIN	SOCIAL SECURITY DECLARATION WITH SOCIAL RETRIBUTIONS EARNED
MEDICAL DECLARATION		SOCIAL SECURITY DECLARATION OF COLLECTIONS (INDEPENDENT WORKERS)
COPY OF ID CARD, FISCAL NUMBER A	ND SOCIAL SECURITY NUMBER	
	FATHER MOTHER	
I DECLARE KNOWING THE INSTITUTION	N'S STATUTES AND INTERNAL REC	GULATION
RECEIVED AT RECEPTION BY		DATE/
TUTOR (SIGNATURE)		



### LIST OF CHILD'S BELONGINGS

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# **GROUP IDENTIFICATION / CHILD'S ROOM CHILD IDENTIFICATION** CHILD NAME \_\_\_\_\_ **NOTES QUANTITY IDENTIFICATION** BED/CRIB SHEETS BED/CRIB BLANKET SEASON ADEQUATE CHANGE OF CLOTHES PACIFIER COMB **FAVORITE CRIB TOY BABY BOTTLE** OTHERS (DESIGNATION) **SIGNATURES**

ORGANIZATION \_\_\_\_\_ DATE



# COMPLEMENTARY INFORMATION



#### **INSURANCE COMPANY**



**INSURANCE POLICY NO.** 01 0201 0087076 01

#### PARTICULAR CONDITIONS FOR THE PERSONAL ACCIDENTS INSURANCE

By the present minute is declared that the above mentioned insurance policy was altered from march 2015, becoming valid as to under discriminated particular conditions.

This contract warrants per insured person the following coverage and capitals:

#### **CONTRACTED RISKS**

COVERAGE	CAPITALS
DEATH	15.000.00€
PERMANENT DISABILITY	15.000.00€
TREATMENT COSTS	1500.00€
STUDENT CIVIL RESPONSIBILITY	1500.00€
SCHOOL CIVIL RESPONSIBILITY	15.000.00€

The general conditions for this policy are available for consultation at the reception, whenever necessary.



## TUITION PAYMENT AND CALCULATIONS

SCHOOL YEAR	

Tuition is payed between the 1st and the 10th of each month by one of the following options:

- 1. By check, within the validity, on the reception services between 9h00 and 16h00, or any branch of BPI.
- 2. By bank transfer to IBAN PT 50 0010 0000 0354 6510002 75.
- 3. In cash, directly in the institution's account at any branch of BPI (account number: 9-0354651-000-001).

TUITION VALUES ARE CALCULATED AS FOLLOWS:

$$RC = \frac{RAF/12-D}{N}$$

$$RAF = Hot D = Month N = Numb$$

RC= Monthly income, per capita

RAF = Household income (annual)

D = Monthly fixed expenses

N = Number of elements in the household

#### **APPLICABLE VALUES**

REGISTRATIONS	KINDERGARTEN 100,00€	PRESCHOOL 80,00€
MAXIMUM TUITION	KINDERGARTEN 360,00€	PRESCHOOL 265,00€
MONTHLY QUOTA 8€ per family	JEWEL (one time payment) 1,50	€

Check internal regulation for kindergarten or preschool

#### **PAYMENT SCHEDULE**

	TUITION	INSTALLMENT	QUOTA	REGISTRATIONS	ACTIVITIES
SEPTEMBER	х		х		
OCTOBER	х	10% tuition	х		х
NOVEMBER	х	10% tuition	х		х
DECEMBER	х	10% tuition	х		х
JANUARY	x	10% tuition	х		x
FEBRUARY	х	10% tuition	х		х
MARCH	х	10% tuition	х	х	х
APRIL	х	10% tuition	х		х
MAY	х	10% tuition 50% summer camp	х		х
JUNE	x	10% tuition	х		x
JULY	х	50% summer camp	х		
AUGUST	90% see installments		х		

10% installment - corresponds to the anticipated payment of august tuition