



BOIS ROBERT INTERNATIONAL

PRIVATE BOARDING SCHOOL
SINCE 1968

REGISTRATION FORM

French Camp 2025

ID
Photo

SUMMER PROGRAMME 2025 : REGISTRATION FORM FOR INTERNATIONAL STUDENTS

3-week programme: 3300€

Please tick

From June 30th to July 18th

From July 21st to August 8th

Student Identity

Last Name:

First Name: Middle Name:

Gender: Female Male

Date (format: Day/Month/Year) and place of birth:

Nationality:

Student e-mail address:

Current grade attended in the country of residence:

First language or mother language:

Current level in French: Beginner Elementary Intermediate Advanced

Number of year(s) of learning French:

Length of stay one week two weeks three weeks

Dates: from to

Accommodation: boarding (weeks, weekends)

Family Information

Father / Guardian

- First name:
- Last name:
- Date and place of birth:
- Address:
- Phone number (H & cell):/.....
- Email address:
- Occupation:

Mother / Guardian

- First name:
- Last name:
- Date and place of birth:
- Address:
- Phone number (H & cell):/.....
- Email address:
- Occupation:

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Academic Requirements for Admission and Registration

Provide us with the grade reports of the past year in the country of residence (Sworn Translator).

Embassy Requirements

Short-stay visas are necessary for non-European students. Therefore it is compulsory to make contact with the French Embassy of your country of origin and residence.

Financial Terms

We accept the financial terms that have been issued and we have therefore observed that:

- the School approves of the registration of your child upon receipt of the contract, supporting documents and medical form as well as a deposit of 50% of the total amount. Please note that this sum is refundable until two weeks before the beginning of camp.
- the full payment must be made two weeks prior to arrival.

Tuition and Boarding Fees include enrollment fees, schooling and boarding fees, books and school supplies, sports, activities, school outings, excursions, laundry and transport from /to Angers Railway Station.

They do not include medical insurance*.

Payments can be made:

- by bank transfer on the School bank account.

BANQUE POPULAIRE GRAND OUEST				
Titulaire du compte/Account holder		Ce relevé est destiné à être remis, sur leur demande, à vos créanciers ou débiteurs appelés à faire inscrire des opérations à votre compte (virements, paiements de quittances, etc.). Son utilisation vous garantit le bon enregistrement des opérations en cause et vous évite ainsi des réclamations pour erreurs ou retards d'imputation. This statement is intended for your payees and/or payors when setting up Direct debit, Standing orders, Transfers and Payment. Please use this Bank account statement when booking transactions. It will help avoiding execution errors which might result in unnecessary delays.		
SARL INSTITUT BOIS ROBERT				
LIEU DIT LE BOIS ROBERT 49370 BECON LES GRANITS				
Relevé d'identité bancaire / Bank details statement				
IBAN (International Bank Account Number)		BIC (Bank Identification Code)		
FR76 1380 7008 4030 2213 6252 075		CCBPFRRPPNAN		
Code Banque	Code Guichet	N° du compte	Clé RIB	Domiciliation/Paying Bank
13807	00840	30221362520	75	BPGO ANJOU ENTREPRISES

* The medical insurance is mandatory. You are expected to send us a copy of the insurance contract.

Further Information

DAY OF ARRIVAL

We welcome students on the Sunday prior to the beginning of camp. Please contact us in case of arrival at different times.

SUPERVISORY STAFF

Boarding School Supervisors are in charge of the dorms at night.

SCHOOL SUPPLIES AND OUTFIT

We provide the students with the necessary school supplies for the summer program. However, each student must bring his/her personal pencil case.

We also provide the students with bed linen.

The students must come with their personal clothes, toiletries and towels for the whole stay.

Laundry is included in the total cost.

SAFETY

The Directors and the Supervisors ensure the well-being of the students and can prescribe treatment for minor aches. The medical practice is immediately informed in case of doubts. Medical expenses will be borne by the families and will be indicated on a separate invoice.

That is the reason why a medical insurance is mandatory before validation of registration.

Bois Robert opened in 1968 and is registered with the Educational authorities. It is declared as a Middle School and a High School. We are regularly controlled by official committees and we meet the strictest requirements of Occupational Safety and Health Administration.

EXTRACT FROM THE SCHOOL CODE OF CONDUCT

Even if the stay takes place during summer vacation, we are strict and inflexible as regards the following points: theft, consumption of alcohol and/or illicit substances. These acts lead to immediate eviction from the programme.

Valuable items should either stay at home or given to the secretary office during the period of the summer programme. We cannot be held responsible for items that would not have been left with us.

The cell phone is allowed but in accordance with the school regulations. Each student enrolled in the program is expected to respect the schedules arranged for the use of the cell phone.

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DOCUMENTS TO BE SENT TO ADMINISTRATION

- ID photo
- Copy of the ID card (within EU) or the student passport and of the child's parents or legal guardian.
- Certificate of medical insurance.
- In case of parents' separation, a document stating the legal guard of the child is expected.
- Copies of the last grade reports.
- Medical Form.

The final registration is accepted upon receipt of the contract with the documents listed above, and upon receipt of the deposit indicated on page 2 of the contract.

A discount of 10% is granted for the registration of a sibling.

Terms of Cancellation

- Withdrawal of a student for legitimate cause or in case of force majeure: the total amount of tuition fees is refunded.

Disease or in the case of serious trauma (this includes any health problem or major injury recorded by a medical doctor proving that the student is unable to go on his summer program). When such a serious event occurs, it is the parents' / guardian's responsibility to inform the administration as soon as possible, and to provide us with the supporting documents showing the student's inability to go on his/her studies.

- Withdrawal for personal reasons different from those mentioned above: the total amount of tuition fees is due.
- Eviction of the student for disciplinary reasons: the total amount of tuition fees is due:
 - Failure to respect the obligations of the contract in question,
 - The student's behaviour causes major trouble within the school,
 - Repeated and unjustified absences,
 - Possession, selling and/or consumption of controlled substance.

Parental commitment

We, parents / guardian, commit to provide the school with the necessary information and documents as regards the background of our child, in terms of educational history, behavior, medical information, family context...

When signing this contract, parents or guardians agree to respect the School Rules and Code of Conduct as well as the stated conditions.

The final registration of a student is effective after that we receive the contract duly signed and dated and, the payment of the school fees according to the financial terms and installment decided, as stated p.2 of the contract in question.

Place and date:
.....

Parents / Guardians signature
(Preceded with the mention "read and approved")

.....
.....

FICHE MEDICALE / MEDICAL FORM

ANNÉE ACADÉMIQUE / ACADEMIC YEAR

Dates :

COURS D'ÉTÉ / SUMMER PROGRAM

Dates :

IDENTITÉ ÉLÈVE / STUDENT IDENTITY

NOM (SURNAME):

Prénom (First name) :

Date et lieu de naissance (Date and place of birth) :

Sexe (Gender): Féminin/Female Masculin/ Male

VACCINATIONS Remplir à partir du carnet de santé ou des certificats de vaccination de l'enfant ou fournir une copie du carnet de santé.
Fill in the grid below from the international certificate of vaccination of the child or provide Immunization Record.

VACCINS /SERUMS	DATES	REVACCINATIONS	RAPPELS Booster	RAPPELS Booster	RAPPELS Booster
DT Polio					
DT coq					
Tétracoq					
BCG					
Antivarolique (Smallpox)					
Hépatite B (Hepatitis B)					
Antitétanique (Tetanus vaccine)					
Oreillons/Rougeole/Rubéole (Mumps, Measles, Rubella)					

SI L'ENFANT N'EST PAS VACCINÉ, POURQUOI ?
If the child is not vaccinated, explain why

RENSEIGNEMENTS MÉDICAUX CONCERNANT L'ENFANT / MEDICAL INFORMATION

(Child's medical information)

Actuellement, l'enfant suit-il un traitement ? OUI / YES NON / NO
Is the child currently on medication?

SI OUI, LEQUEL ? (If he/she does, which one?)

SI L'ENFANT DOIT SUIVRE UN TRAITEMENT PENDANT SON SEJOUR, N'OUBLIEZ PAS DE JOINDRE L'ORDONNANCE ET LES MEDICAMENTS.
When on medication, please enclose the medical prescription.

A-T-IL DES ALLERGIES ? SI, OUI, À QUEL MÉDICAMENT OU ALIMENT? / ANY ALLERGIES AND TO WHICH TREATMENT OR TYPE OF FOOD?

INDIQUEZ ICI LES AUTRES DIFFICULTÉS DE SANTÉ EN PRÉCISANT LES DATES, maladies, accidents, crises convulsives, hospitalisations, opérations, rééducations) / OTHER HEALTH PROBLEMS, illness, accident, convulsive crisis, hospitalization, operation, physiotherapy.

Asthme / Asthma	OUI / YES	<input type="checkbox"/>	NON / NO	<input type="checkbox"/>
Coqueluche / Whooping cough	OUI / YES	<input type="checkbox"/>	NON / NO	<input type="checkbox"/>
Varicelle / Chickenpox	OUI / YES	<input type="checkbox"/>	NON / NO	<input type="checkbox"/>
Scarlatine / Scarlet fever	OUI / YES	<input type="checkbox"/>	NON / NO	<input type="checkbox"/>

REGIME ALIMENTAIRE PARTICULIER / DIETARY REQUIREMENTS

Précisez si l'enfant suit un régime alimentaire particulier / Please mention any dietary requirement (vegetarian, vegan, pork-free, gluten-free, lactose-free)

.....

RESPONSABLE DE L'ENFANT / LEGAL PERSON IN CHARGE OF THE CHILD

NOM / SURNAME PRENOM / FIRST NAME

ADRESSE / ADDRESS

N° SÉCURITÉ SOCIALE / SOCIAL SECURITY NUMBER

Tél. PÈRE / FATHER'S PHONE NUMBER/.....

Tél. MÈRE / MOTHER'S PHONE NUMBER:/.....

DÉCLARATION DES PARENTS OU RÉPRÉSENTANTS LÉGAUX EN CAS D'ACCIDENT OU DE MALADIE GRAVE

Je soussigné, responsable de l'enfant, déclare exacts les renseignements portés sur cette fiche et autorise la direction
I, undersigned, legal tutor of the child, declare all the information on the medical slip exact and give authorization to the Directors

en cas d'accident ou de maladie grave survenus à notre enfant, de prendre le cas échéant, toutes mesures (traitement médicaux, hospitalisations, interventions chirurgicales),
in case of accident or serious illness to take all measures (medical treatment, hospitalization and surgery),

rendues nécessaires par l'état de l'enfant.
to secure all the medical treatment needed in case of illness of my child.

En cas d'urgence, si on ne peut nous atteindre au téléphone ou si le temps presse, nous autorisons la Direction à prendre à notre place
In the case of an emergency, if we cannot be reached or under extreme circumstances, we give authorization to the Directors

les décisions nécessaires (ex ; transport en clinique) et lui donnons tout pouvoir pour signer à notre place une éventuelle autorisation
to take the needed decisions (eg : transportation to hospital, clinic...) and we give the Directors all power to sign for us

d'intervention chirurgicale
an authorization for surgery if required.

S'il est impossible d'obtenir un transport par ambulance, nous dégageons entièrement la responsabilité de la Direction qui
If a transportation in an ambulance is not possible, we absolve the Directors for a transportation that they could have to do.
pourrait être amenée à faire ce transport.

En cas d'hospitalisation, nous désirons que la Direction choisisse dans la mesure du possible :
In case of hospitalization, we would like the Directors to choose insofar as possible:

La clinique (1) / *The clinic* (1) (Clinique de l'Anjou)
L'hôpital le plus proche (1) / *The nearest hospital* (1) (CHU Angers)
(1) Précisez éventuellement le nom d'un établissement / (1) *give possibly the name of a clinic or hospital*

À moins d'un demande expresse ou de modifications de notre part, ces déclarations sont valables pour toute la scolarité ou le séjour de notre enfant dans cet établissement. / *Unless special request or changes from us, the information given on the medical slip are valid for the whole stay of our child either during the Academic Year or during any short stay.*

Fait à / *Issued in* Le / *Date* :

MEDICAL CONSENT

Je soussignée / *I undersign*
Degré de parenté / *Degree of relationship* :
De l'enfant / *Of the Child* :
Autorise les interventions, anesthésies et examens nécessités par son état et autorise sa sortie avec une responsable de l'Institut Bois Robert.
/ Give authorization for surgery, anaesthesia and medical examinations needed in case of illness of my child and give authorization to my child to leave the hospital or clinic with the Directors or the person in charge of the stay from Bois Robert International.

À / *Issued in* Le / *Date*:

Parents / *Guardians signature*

AUTORISATION PARENTALE – DROIT A L'IMAGE PHOTOGRAPHY AND FILMING CONSENT FORM

Je soussigné(e),
(Nom, prénom du représentant légal)

AUTORISE

N'AUTORISE PAS

L'Institut Bois Robert à photographier et/ou filmer dans le cadre des activités pédagogiques et éducatives 2025 :

.....
(Nom, prénom et classe de l'élève)

Et à reproduire, diffuser et publier son image dans les journaux de l'école, site internet, supports pour faire connaître l'établissement.

Fait à, le / /

Signature du / des responsable(s) légal / légaux de l'enfant :

I, undersign

Degree of relationship

Of the child

ALLOW

DO NOT ALLOW

INSTITUT BOIS-ROBERT to take photographs and / or video of my child withing the scope of educational activities

And to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images to help achieve the school's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media or press releases.

Issued in *Date*/...../

Parents / Guardians signature