

Child's personal record

2025/2026

Foyer scolaire: _____



Service Foyers scolaires

167. rue de Trèves L-2630 Luxembourg

Child

National identification no. (matricule): _____

Surname: _____

First name: _____

Gender: Male Female Unspecified or other

Date of birth: _____

Place of birth: _____ Country of birth: _____

Address: House no.: _____ Street: _____

Postcode: _____ City/Town: _____

Country: _____

Nationality: _____

Languages spoken with the child: _____

Level of education: _____

City of Luxembourg school: Yes No School: _____ Cycle: _____

Food choice

Menu of the day Pork-free Vegetarian

Observations

• Illness/Allergy/Reported on/Intolerance: _____

Certificate: _____

Medication³: _____

Restriction: _____

• Illness/Allergy/Reported on/Intolerance: _____

Certificate: _____

Medication³: _____

Restriction: _____

• Illness/Allergy/Reported on/Intolerance: _____

Certificate: _____

Medication³: _____

Restriction: _____

Social partners

• Institution: _____

Status: requested being processed closed

Comments: _____

Contact person

Surname First name: _____

@: _____

📞: _____

- Institution: _____
 Status: requested being processed closed
 Comments: _____
 Contact person
 Surname First name: _____
 @: _____
 🏠: _____
- Institution: _____
 Status: requested being processed closed
 Comments: _____
 Contact person
 Surname First name: _____
 @: _____
 🏠: _____

International asylum seeker status

Status: _____
 Country: _____
 Date of certificate: _____
 Comments: _____

Authorisation for photos/videos

Foyer scolaire staff may photograph and film your child during educational activities. These materials (circulated either in paper format, or electronically, i.e. online) may be published in connection with the educational work undertaken with children attending City of Luxembourg foyers scolaires. In accordance with the regulations in force, these publications may be shared with the Ministry of Education, Children and Youth (Ministère de l'Éducation nationale, de l'Enfance et de la Jeunesse).

We require your consent to photograph or film your child during foyer scolaire activities, and to publish such materials in connection with the educational work undertaken with children attending City of Luxembourg foyers scolaires. Granting your consent for the purposes mentioned above, or refusing to grant your consent for such purposes, is entirely up to you.

To grant your consent for the purposes listed below, please tick the relevant boxes:

1. Foyer scolaire's internal use (e.g. to illustrate the centre's daily activities)
2. Sharing with families (e.g. materials circulated to parents, and internal use)
3. External publications (e.g. publications through official City of Luxembourg and Ministry of Education, Children and Youth media channels)

Internal use: Yes No Circulations to parents: Yes No
 City of Luxembourg publications: Yes No Social media: Yes No

Persons responsible for the child ¹

- Relationship with the child: _____ Parental authority: Yes No
 National identification no. (matricule): _____
 Surname: _____
 First name: _____
 Occupation: Yes No
 Comments: _____
 Address: House no.: _____ Street: _____

Postcode: _____ City/Town: _____

Country: _____

@: _____

☎: _____ 🏠: _____ 🛠: _____

- Relationship with the child: _____ Parental authority: Yes No

National identification no. (matricule): _____

Surname: _____

First name: _____

Occupation: Yes No

Comments: _____

Address: House no.: _____ Street: _____

Postcode: _____ City/Town: _____

Country: _____

@: _____

☎: _____ 🏠: _____ 🛠: _____

Coverage of enrolment fees / payer

National identification no. (matricule): _____

End of beneficiary agreement CSA⁴: _____

Comments: _____

Authorisation to pick up the child

- Relationship with the child: _____

Authorisation for pick up: No Partial Yes

Surname: _____

First name: _____

Minor: Yes No

Comments: _____

☎: _____ 🏠: _____ 🛠: _____

- Relationship with the child: _____

Authorisation for pick up: No Partial Yes

Surname: _____

First name: _____

Minor: Yes No

Comments: _____

☎: _____ 🏠: _____ 🛠: _____

- Relationship with the child: _____

Authorisation for pick up: No Partial Yes

Surname: _____

First name: _____

Minor: Yes No

Comments: _____

☎: _____ 🏠: _____ 🛠: _____

• Relationship with the child: _____
Authorisation for pick up: No Partial Yes
Surname: _____
First name: _____
Minor: Yes No
Comments: _____
☎: _____ 🏠: _____ 🛠: _____

• Relationship with the child: _____
Authorisation for pick up: No Partial Yes
Surname: _____
First name: _____
Minor: Yes No
Comments: _____
☎: _____ 🏠: _____ 🛠: _____

• Relationship with the child: _____
Authorisation for pick up: No Partial Yes
Surname: _____
First name: _____
Minor: Yes No
Comments: _____
☎: _____ 🏠: _____ 🛠: _____

• Relationship with the child: _____
Authorisation for pick up: No Partial Yes
Surname: _____
First name: _____
Minor: Yes No
Comments: _____
☎: _____ 🏠: _____ 🛠: _____

• Relationship with the child: _____
Authorisation for pick up: No Partial Yes
Surname: _____
First name: _____
Minor: Yes No
Comments: _____
☎: _____ 🏠: _____ 🛠: _____

Departure policy ²

Note :

Children in classes up to Cycle 2.2 inclusive, or under the age of nine, may only leave the foyer scolaire if accompanied by the persons designated for this purpose. In exceptional circumstances, and provided they have valid reasons, parents may submit a request to the foyer scolaire's director for permission to have a minor pick up their child from a municipal foyer scolaire (see instruction 6.4).

Accompanied departure :

I do not want my child to leave the foyer scolaire alone. I undertake to pick up my child myself, or to designate another person to do so, and I assume full responsibility for this.

Unaccompanied departure (alone):

I hereby authorise the foyer scolaire to allow my child to leave unaccompanied, and I assume full responsibility for this (applies only to children in Cycles 3.1 and above, or to children aged 9 and over).

Accompanied

Comments: _____

Monday Tuesday Wednesday Thursday Friday

Alone, with parental consent

Comments: _____

Monday Tuesday Wednesday Thursday Friday

Alone

Comments: _____

Monday Tuesday Wednesday Thursday Friday

Aktioun Bambësch

If my child is enrolled to take part in Aktioun Bambësch activities organised during school holidays by the Centre d'animation pédagogique et de loisirs (Creative Learning Centre – CAPEL), I am hereby notified that CAPEL staff will be responsible for supervising my child on the days and at the times during which said holiday activities are scheduled. During said activities, my child will therefore be under the sole responsibility of the CAPEL staff.

File closure

Exit date: _____

Comments: _____

Surname and first name of the parent(s) with parental authority, or of the child's guardian:

Date of signature: _____

Signature: _____

- 1) If one or both parents do not have parental authority, a copy of the document (court ruling or other) naming the child's representative must be submitted.
- 2) The policies and procedures of the City of Luxembourg's foyers scolaires must be observed.
- 3) Fill out and sign the "Medicine to be administered" document.
- 4) CSA = chèque service accueil (childcare service voucher scheme)